

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	MS / MRS / MR FIRST MI <i>MR</i> <i>CHRISTOPHER</i> <i>M</i>	OFFICE USE ONLY <hr/> Date Received <div style="border: 2px solid black; padding: 5px; display: inline-block;"> FILED FEB 05 2024 TITUS COUNTY ELECTIONS ADMINISTRATOR </div> <hr/> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <i>BLAGO</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1145 COUNTY ROAD 4218 MOUNT PLEASANT TEXAS, 75455</i>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MR</i> <i>CHRISTOPHER</i> <i>M</i>		
	NICKNAME LAST SUFFIX <i>BLAGO</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1145 COUNTY ROAD 4218 MOUNT PLEASANT TEXAS 75455</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 THROUGH Month Day Year <i>06 / 01 / 2023</i> THROUGH <i>02 / 05 / 2024</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 05 / 2024</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>SHERIFF</i>	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>CHRISTOPHER M. MURPHY</i>		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)	\$ <i>9,325.⁰⁰</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>9,325.⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>3,889.⁴⁷</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3,889.⁴⁷</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>5,435.⁵³</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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.

Chris Murphy
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 _____, 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 Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>CHRIS TOPHEL M. BLAKE</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,325. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,275. ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,889. ⁹²
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 CHRISTOPHER M. BRACC		3 Filer ID (Ethics Commission Filers)
4 Date 08-16-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE BRACC	7 Amount of contribution (\$) \$2,100.⁰⁰ CHECK
6 Contributor address; City; State; Zip Code MT. PLEASANT TX. 75455		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 09-12-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT J. FISCHER	Amount of contribution (\$) \$100.⁰⁰ CHECK
Contributor address; City; State; Zip Code PITTSBURG TEXAS 75686		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09-12-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM RICHARDS	Amount of contribution (\$) \$250.⁰⁰ CHECK
Contributor address; City; State; Zip Code PITTSBURG TEXAS 75686		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09-12-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DESSIE GOODRICH	Amount of contribution (\$) \$50.⁰⁰ CHECK
Contributor address; City; State; Zip Code PITTSBURG TEXAS 75686		
Principal occupation / Job title (See Instructions) RETIRED		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 FILER NAME CHRISTOPHER M. BRACK		3 Filer ID (Ethics Commission Filers)
4 Date 09-12-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARON U. CAMPBELL	7 Amount of contribution (\$) \$175.⁰⁰ CHECK
6 Contributor address; City; State; Zip Code PITTSBURG TEXAS 75686		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 06-12-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TYLER SHUMATE	Amount of contribution (\$) \$600.⁰⁰ CASH
Contributor address; City; State; Zip Code COOKVILLE TEXAS 75455		
Principal occupation / Job title (See Instructions) TOWNS COUNTY GRESH WATER DIST		Employer (See Instructions)
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN + VERA BETTS	Amount of contribution (\$) \$300.⁰⁰ CHECK
Contributor address; City; State; Zip Code COOKVILLE TEXAS 75455		
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions)
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG BRACK	Amount of contribution (\$) \$5000.⁰⁰ CHECK
Contributor address; City; State; Zip Code MOUNT PLEASANT TEXAS 75455		
Principal occupation / Job title (See Instructions) RETIRED		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 FILER NAME <i>CHRISTOPHER M. BEARDS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/08/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TONY COLTER</i>	7 Amount of contribution (\$) <i>\$500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>MOUNT PLEASANT TEXAS 75455</i>		<i>CHECK</i>
8 Principal occupation / Job title (See Instructions) <i>SELF-EMPLOYED</i>		9 Employer (See Instructions)
Date <i>11/08/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TOMMY MAYS</i>	Amount of contribution (\$) <i>\$250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>MOUNT PLEASANT TEXAS 75455</i>		<i>CHECK</i>
Principal occupation / Job title (See Instructions) <i>SELF-EMPLOYED</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>CHRISTOPHER M. BRACK</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>3,275.⁰⁰</i>	
5 Date <i>04/01/2024</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EDDIE PREEFECT</i>	8 Amount of Contribution \$ <i>\$3,275.⁰⁰</i>	9 In-kind contribution description <i>SIGNS STANDS</i>
7 Contributor address; City; State; Zip Code <i>MOUNT PLEASANT TEXAS 77459</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>PRESIDENT PREEFECT MFG</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>PREEFECT MFG</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTOPHER M. BLACK	3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2024	5 Payee name HARBOR FREIGHT	
6 Amount (\$) \$46.16 DEBIT	7 Payee address; City; State; Zip Code 626 SOUTH JEFFERSON MOUNT PLEASANT TEXAS 75455	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ZIP TIES FOR SIGNS TOOL FOR STANDS
	(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 CHRISTOPHER M. BLACK	Office sought / Office held SHERIFF
Date 01/06/2024	Payee name HARBOR FREIGHT	
Amount (\$) \$44.30 DEBIT	Payee address; City; State; Zip Code 626 SOUTH JEFFERSON MOUNT PLEASANT TEXAS 75455	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ZIP TIES FOR SIGNS HAMMER FOR SIGN STANDS
	<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 CHRISTOPHER M. BLACK	Office sought / Office held SHERIFF
Date 01/21/2024	Payee name COLE HEFNER	
Amount (\$) 100.00 CHECK #1066	Payee address; City; State; Zip Code P.O. BOX 167 MOUNT PLEASANT TEXAS 75455	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION CHECK 1066	Description COLE HEFNER CAMPAIGN
	<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 / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTOPHER M. PRALLO	3 Filer ID (Ethics Commission Filers)
4 Date 12-07-2023	5 Payee name HOPE HOLIDAY TOY DRIVE - CONVOY TRACTOR	
6 Amount (\$) \$100.⁰⁰ CHECK # 1004	7 Payee address; City; State; Zip Code 2809 W. FERGUSON MOUNT PLEASANT TEXAS 75455	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	(b) Description HOPE HOLIDAY TOY DRIVE CONVOY TRACTOR / CPS
	(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 CHRISTOPHER M. PRALLO	Office sought SHERIFF
Date 12-08-2023	Payee name ATWOODS	
Amount (\$) \$47.61	Payee address; City; State; Zip Code 2621 WEST FERGUSON MOUNT PLEASANT TEXAS 75455	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description HOPE HOLIDAY TOY DRIVE CONVOY TRACTOR / CPS
	<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 CHRISTOPHER M. PRALLO	Office sought SHERIFF
Date 12-08-2023	Payee name WAL-MART	
Amount (\$) \$101.⁴⁶	Payee address; City; State; Zip Code 2311 SOUTH JEFFERSON MOUNT PLEASANT TEXAS 75455	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description ANGEL TREE CHRISTMAS MPDSD
	<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 CHRISTOPHER M. PRALLO	Office sought SHERIFF

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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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRISTOPHER M. BRAGO	3 Filer ID (Ethics Commission Filers)
4 Date 08-17-2023	5 Payee name NANCY RICE - TILTED TALENTS	
6 Amount (\$) \$2,054.94 CHECK # 1001	7 Payee address; 6754 STATE HWY 11 LEESBURG TEXAS 75451	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLITICAL SIGNS	(b) Description CAMPAIGN SIGNS YARD + STANDS
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER M. BRAGO	Office sought SHERIFF
Date 10-28-2023	Payee name ARGO BAPTIST CHURCH	
Amount (\$) \$475.00 CHECK # 1003	Payee address; CR3550	City; State; Zip Code MOUNT PLEASANT TEXAS 75457
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description ARGO BAPTIST CHURCH FUND RAISER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER M. BRAGO	Office sought SHERIFF
Date 11-14-2023	Payee name TITUS COUNTY REPUBLICAN PARTY - JOHN MICHAEL MACOS	
Amount (\$) \$750.00 CHECK # 1002	Payee address; MOUNT PLEASANT TEXAS 75455	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FILING FEE POLLING EXPENSE	Description FILING FEE TO RUN FOR SHERIFF
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name CHRISTOPHER M. BRAGO	Office sought SHERIFF

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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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>CHRISTOPHER M. BRAGG</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02/03/2024</i>	5 Payee name <i>TRZ-LAKES VFD</i>	
6 Amount (\$) <i>170.00</i> <i>CHECK # 1005</i>	7 Payee address; <i>75 CR 2850</i>	City; State; Zip Code <i>MOUNT PLEASANT TEXAS 75686</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>DONATION</i>	(b) Description <i>CHILI SUPPER FUND RAISER</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED