

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
DW "DUB" BRANSON

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED
 TARRANT COUNTY
 2016 JAN 20 AM 11:25
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 964.⁹³

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

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.



Dub Branson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Dub Branson**, this the **20** day of **January**, 20 **2016**, to certify which, witness my hand and seal of office.

Melissa Sandlin

Signature of officer administering oath

Melissa Sandlin

Printed name of officer administering oath

LSR

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME DW "DUB" BRANSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date —	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 0	8 In-kind contribution description (if applicable) —
9 Principal occupation / Job title (See Instructions)		10 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 (\$)	In-kind contribution description (if applicable)
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 (\$)	In-kind contribution description (if applicable)
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 (\$)	In-kind contribution description (if applicable)
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 (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME DW. "DUB" BRANSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-23-15	5 Payee name SHERRY BRANSON
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6 Amount (\$) \$ 239.93	7 Payee address; City; State; Zip Code 7751 VDALE CT., FORT WORTH, TX. 76135
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE CHRISTMAS LUNCH	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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 2016 JAN 20 AM 11:25
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment/Related Expenses |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

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 TARRANT COUNTY
 2016 JAN 20 AM 11:25
 ELECTIONS ADMINISTRATOR
 BY: KAREN HILLIPS

1 Total pages Schedule F: **3** 2 FILER NAME: **D.W. "DUB" BRANSON** 3 ACCOUNT # (Ethics Commission File #):

4 Date: **9-2-15** 5 Payee name: **SAGINAW AREA CHAMBER OF COMMERCE**

6 Amount (\$): **\$125⁰⁰** 7 Payee address; City; State; Zip Code: **301 So. SAGINAW BLVD, SAGINAW, TEXAS 76179**

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **MEMBERSHIP DUES** (b) Description (If travel outside of Texas, complete Schedule T):

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **9-2-15** Payee name: **AZLE WOMEN'S BUSINESS ASSN.**

Amount (\$): **100⁰⁰** Payee address; City; State; Zip Code: **PO Box 613 AZLE, TEXAS 76098**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **DONATION** Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **9-2-15** Payee name: **NEW LIFE DEAF FELLOWSHIP**

Amount (\$): **\$100⁰⁰** Payee address; City; State; Zip Code: **4516 BOAT CLUB BL. 110B, FORT WORTH, TX. 76135**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **DONATION** Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **9-2-15** Payee name: **CASTLEBERRY LIONS SPORTS PROGRAM**

Amount (\$): **65⁰⁰** Payee address; City; State; Zip Code: **PO BOX 10063, RIVER OAKS, TEXAS 76114**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **DONATION** Description (If travel outside of Texas, complete Schedule T):

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

SCHEDULE F
 FRANKLIN COUNTY
 ELECTIONS ADMINISTRATOR
 2016 JAN 20 AM 11:25
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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expenses |
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1 Total pages Schedule F: 3	2 FILER NAME D.W. "DUB" BRANSON	3 ACCOUNT # (Texas Ethics Commission Filers)
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4 Date 9-2-15	5 Payee name NORTHWEST CHAMBER OF COMMERCE
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6 Amount (\$) \$ 95⁰⁰	7 Payee address; City; State; Zip Code 3918 TELEPHONE RD.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DUES	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-2-15	Payee name SAGINAW CHAMBER OF COMMERCE
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Amount (\$) \$ 125⁰⁰	Payee address; City; State; Zip Code 301 So. SAGINAW BLVD., SAGINAW, TEXAS 76179
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DUES	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-7-15	Payee name SUNSHINE MINISTRIES
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Amount (\$) 100⁰⁰	Payee address; City; State; Zip Code PO BOX 456, AZLE, TEXAS 76098
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-15-15	Payee name WHITE SETTLEMENT CHAMBER OF COMMERCE
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Amount (\$) 15⁰⁰	Payee address; City; State; Zip Code 8224 WHITE SETTLEMENT RD. STE 100
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DUES	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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