


Main body of text containing various symbols, numbers, and characters, possibly representing a code or a corrupted document.


  
Signature of Candidate or Officeholder



\_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_



19 FILER NAME: Brenda Santer

21 SCHEDULE NAME OF SCHEDULE AMOUNT

- 1.  SCHEDULE A: MUNICIPAL BOND INTEREST \$000.00
- 2.  SCHEDULE A2: NON-MUNICIPAL BOND INTEREST
- 3.  SCHEDULE B: PLEDGED CONTRIBUTIONS
- 4.  SCHEDULE C: CONTRIBUTIONS TO POLITICAL COMMITTEES
- 5.  SCHEDULE F1: POLITICAL CONTRIBUTIONS MADE FROM POLITICAL CONTRIBUTIONS \$4444.07
- 6.  SCHEDULE F2: POLITICAL CONTRIBUTIONS MADE FROM POLITICAL CONTRIBUTIONS
- 7.  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS
- 8.  SCHEDULE G: CONTRIBUTIONS TO POLITICAL CANDIDATES
- 9.  SCHEDULE H: CONTRIBUTIONS TO POLITICAL CANDIDATES
- 10.  SCHEDULE I: PAID FROM POLITICAL CONTRIBUTIONS
- 11.  SCHEDULE J: NON-POLITICAL CONTRIBUTIONS MADE FROM POLITICAL CONTRIBUTIONS
- 12.  SCHEDULE K: INTEREST ON DEBTS INCURRED FOR POLITICAL PURPOSES

# 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 schedule.

2 FILER NAME

Brenda Sanders WUSA

4 Date

05/01/2021

5 Full name of contributor

Republic

out-of-state PAC (IP#)

7 Amount of contribution (\$)

\$500.00

6 Contributor address

18500 N Allied Way Fr

8 Principal occupation / Job title

Date

05/01/2021

Full name of contributor

James Lattimore

out-of-state PAC (IP#)

Amount of contribution (\$)

\$250.00

Contributor address

1600 Texas St, Ft. TX 75106

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

05/01/2021

Full name of contributor

Pravin Kikkar

out-of-state PAC (IP#)

Amount of contribution (\$)

\$100.00

Contributor address

3040 Lake View CR, NDR TX 76106

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor

out-of-state PAC (IP#)

Amount of contribution (\$)

\$

Contributor address

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

If contributor is out-of-state

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**POLITICAL CONTRIBUTION REPORT**  
**FROM POLITICAL COMMITTEE**

**SCHEDULE**

If the requested information is not applicable, DO NOT include this area in the report.

**EXPENSES**

- Advertising Expense
- Accounting/Banking Fees
- Contributions/Donations Made On Behalf of Candidate
- Credit Card Payment
- Event Expenses
- Office/Travel/Rental Expenses
- Printing Expenses
- Legal Services
- Salaries/Wages

The Institution

1 Total page(s) **Brenda Sanders-Wise**

4 Date **06/18/2014** 5 Payee name

6 Amount (\$) **\$1,114.27** 7 Payee address: **6125 E. Parkway** City: **Haltom City** State: **TX** Zip Code: **76117**

PURPOSE OF EXPENDITURE: **Contributions**  
 Description: **Donation to PTA to their clothes closet for the underserved population PWS.**

9 Complete ONLY if direct expenditure to benefit C/P

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 1.  Check if Austin, TX officeholder. Form 7020000

Complete ONLY if direct expenditure to benefit C/P: 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:  
 Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX officeholder. Form 7020000

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE**

**CANDIDATE/OFFICEHOLDER  
DESIGNATION OF FINAL REPORT**

The Instruction Guide explains how to complete this form.


•• Complete only if "Report Type" on page 1-3 marked "Final Report"

**1 C/OH NAME**

Brenda Sadorski Wisco

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with designating a report as a final report to be made by my campaign treasurer or other individuals, and I will not accept any campaign contributions or make any campaign expenditures.

  
Signature of Candidate/Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

•• Complete A & B below only if you are not an officeholder.

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended political contributions or interest on political contributions.
- I have unexpended contributions or unexpended interest on contributions not held from political contributions. I understand that I may not convert unexpended political contributions or unexpended contributions to personal use. I also understand that I must file an annual report of unexpended contributions and interest on contributions within 30 days of filing this final report. Further, I understand that I must dispose of unexpended political contributions and interest on contributions in accordance with the requirements of Election Code.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest on political contributions.
- I do retain assets purchased with political contributions or interest on political contributions. I understand that I must dispose of assets purchased with political contributions or interest on political contributions in accordance with the requirements of Election Code.

Signature of Candidate/Officeholder

**5 OFFICEHOLDER**

•• Complete this section only if you are an officeholder.

- I am aware that I may be subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions. As an officeholder, I retain political contributions, interest on other income, and assets purchased with political contributions or interest on other income.

  
Signature of Officeholder