



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Brent Newsom		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 125.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,710.33
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,668.37
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,131.03
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

**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.

*Brent Newsom*  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Brent Newsom this the 28th day of April, 2023, to certify which, witness my hand and seal of office.

S. Marin Susana Marin City Secretary  
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 <b>Brent Newsom</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,200.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,385.33
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,790.62
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:

3

2 FILER NAME

Brent Newsom

3 Filer ID (Ethics Commission Filers)

4 Date

04/06/2023

5 Full name of contributor

George Fassett

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

912 Andalusia Trl Mansfield, TX 76063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/06/2023

Full name of contributor

Charles Brady

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3902 Farmingdale Dr. Arlington, TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/06/2023

Full name of contributor

Kerry Gonzalez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2211 Woodmont Ct Arlington, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/06/2023

Full name of contributor

Tim Milligan

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1035 Cypress Point Mansfield, TX 76063

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>3</b>
<b>2</b> FILER NAME <b>Brent Newsom</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/06/2023</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Jerry Knight</b> <b>6</b> Contributor address; City; State; Zip Code <b>3213 Lake Creek Trail Mansfield, TX 76063</b>	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>04/06/2023</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Meliza Perez</b> <b>Contributor address; City; State; Zip Code</b> <b>404 E Broad St. Mansfield, TX 76063</b>	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>04/06/2023</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Ronnie Ford</b> <b>Contributor address; City; State; Zip Code</b> <b>461 Morning Star Ct. Keller, TX 76063</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>04/06/2023</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Brenda Hayes</b> <b>Contributor address; City; State; Zip Code</b> <b>990 Hwy 287 N, Ste 106 # 258 Mansfield, TX 76063</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>3</b>
2 FILER NAME <b>Brent Newsom</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/07/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Tom Ritter</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>907 Alvero Place Mansfield, TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cory Hoffman</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1604 Chretien Mansfield, TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joanie Pace</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>3131 Sieber Dr. Dalworthington Gardens, TX 76016</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/25/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Huckabee</b>	Amount of contribution (\$) <b>2,500.00</b>
Contributor address; City; State; Zip Code <b>801 Cherry Street Ft. Worth, TX 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>1</b>	
2 FILER NAME <b>Brent Newsom</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>04/06/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>El Primo's</b> ..... 7 Contributor address; City; State; Zip Code <b>2300 Matlock Rd Suite #21 Mansfield, TX 76063</b>	8 Amount of Contribution \$ <b>486.07</b>	9 In-kind contribution description <b>Food for meet and great.</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 <b>04/26/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Team Tarrant PAC</b> ..... Contributor address; City; State; Zip Code <b>7106 Lighthouse Rd. Arlington, TX 76002</b>	Amount of Contribution \$ <b>1,899.26</b>	In-kind contribution description <b>Campaign mailers and print material</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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	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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Brent Newsom	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/13/2023	<b>5</b> Payee name Williams Sign Company	
<b>6</b> Amount (\$) 2,668.37	<b>7</b> Payee address; City; State; Zip Code 3933 E California Pkwy Suite C Ft. Worth, TX 76119	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 04/26/2023	Payee name Square, Inc.	
Amount (\$) 122.25	Payee address; City; State; Zip Code 1455 Market St. Ste 600 San Francisco, CA 94103	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Merchant Processing Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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