

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) 9726	2 Total pages filed: 13							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jared	MI D.	OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <table style="width:100%;"><tr><td style="width:50%;">Receipt #</td><td style="width:50%;">Amount \$</td></tr><tr><td colspan="2">Date Processed</td></tr><tr><td colspan="2">Date Imaged</td></tr></table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME	LAST Breckenridge	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE							
<input type="checkbox"/> Change of Address	900 Chicon St.	Austin	TX 78702							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(512)	897-5697								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jared	MI D.							
	NICKNAME	LAST Breckenridge	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE							
	900 Chicon St.	Austin	TX 78702							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(512)	897-5697								
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	Month	Day	Year				
	07	16	2020	THROUGH	09	24 / 2020				
11 ELECTION	ELECTION DATE			ELECTION TYPE						
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description				
	11	03	2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)						
				Austin ISD At-Large Trustee Position 8						
GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jared D. Breckenridge **15 Filer ID (Ethics Commission Filers)** 9726

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.

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,764.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,296.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 467.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Jared Breckenridge
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jared Breckenridge this the 5th day of October, 2020, to certify which, witness my hand and seal of office.

Jane Bell Nuckols
Signature of officer administering oath

Tina Bell Nuckols
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Jared D. Breckenridge

20 Filer ID (Ethics Commission Filers)
9726

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,764.37
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,296.40
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 666.78
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1/7

2 FILER NAME
Jared D. Breckenridge

3 Filer ID (Ethics Commission Filers)
9726

4 Date
07/21/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jared D. Breckenridge

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
900 Chicon St. Austin TX 78702

8 Principal occupation / Job title (See Instructions)
N/A

9 Employer (See Instructions)
N/A

Date
07/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Gloria Dholakia

Amount of contribution (\$)
\$48.25

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Mary Rincon

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Joel Bergh

Amount of contribution (\$)
\$96.80

Contributor address; City; State; Zip Code
P.O. Box 151300 Austin TX 78751

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2/7

2 FILER NAME
Jared D. Breckenridge

3 Filer ID (Ethics Commission Filers)
9726

4 Date
07/23/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Brandi Johns

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$48.25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Jessie Vital

Amount of contribution (\$)

07/25/2020

Contributor address; City; State; Zip Code

\$48.25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Elaine Kieffer

Amount of contribution (\$)

07/30/2020

Contributor address; City; State; Zip Code

\$19.12

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Samantha Greenleaf

Amount of contribution (\$)

08/01/2020

Contributor address; City; State; Zip Code

\$14.26

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3/7

2 FILER NAME
Jared D. Breckenridge

3 Filer ID (Ethics Commission Filers)
9726

4 Date
08/02/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Nancy Mims

6 Contributor address; City; State; Zip Code
3812 Duval Street Austin TX 78751

7 Amount of contribution (\$)
\$125.00

8 Principal occupation / Job title (See Instructions)
N/A

9 Employer (See Instructions)
N/A

Date
08/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
Amanda Gomez

Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
Mary Ellen Thompson

Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$19.12

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/07/2020

Full name of contributor out-of-state PAC (ID#: _____)
Blue Inferno Productions

Contributor address; City; State; Zip Code
1414 Shore District Dr. Austin TX 78741

Amount of contribution (\$)
\$96.80

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4/7

2 FILER NAME
Jared D. Breckenridge

3 Filer ID (Ethics Commission Filers)
9726

4 Date
08/17/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Jaron Bell

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
\$38.54

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Phillip Kilgore

Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Nancy Neavel

Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$48.25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Joaquin Campos

Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$5.28

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5/7

2 FILER NAME
Jared D. Breckenridge

3 Filer ID (Ethics Commission Filers)
9726

4 Date
08/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Deborah Dilworth

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$24.13

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Glen Dilworth

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$24.12

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Mary Bennett

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$19.12

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lisa Flores

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$9.41

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6/7

2 FILER NAME
Jared D. Breckenridge

3 Filer ID (Ethics Commission Filers)
9726

4 Date
08/24/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Roberta Mason Simmin

7 Amount of contribution (\$)
\$115.00

6 Contributor address; City; State; Zip Code
1004 Newport Ave. Austin TX 78753

8 Principal occupation / Job title (See Instructions)
N/A

9 Employer (See Instructions)
N/A

Date
09/07/2020

Full name of contributor out-of-state PAC (ID#: _____)
Valarie Jackson-Hardee

Amount of contribution (\$)
\$96.95

Contributor address; City; State; Zip Code
1461 Gillam Way Fairbanks AK 99701

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
09/07/2020

Full name of contributor out-of-state PAC (ID#: _____)
Elliott Hardee

Amount of contribution (\$)
\$96.95

Contributor address; City; State; Zip Code
1461 Gillam Way Fairbanks AK 99701

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
09/11/2020

Full name of contributor out-of-state PAC (ID#: _____)
Arati Singh

Amount of contribution (\$)
\$96.80

Contributor address; City; State; Zip Code
8101 Cobblestone Dr. Austin TX 78735

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/7
2 FILER NAME Jared D. Breckenridge		3 Filer ID (Ethics Commission Filers) 9726
4 Date 09/16/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Scott 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$23.97
8 Principal occupation / Job title (See Instructions)		9 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 (\$)
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 (\$)
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 (\$)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1/2	2 FILER NAME Jared D. Breckenridge	3 Filer ID (Ethics Commission Filers) 9726
4 Date 08/22/2020	5 Payee name ZOOM	
6 Amount (\$) \$15.98	7 Payee address; 55 Almaden Blvd.	City; State; Zip Code San Jose CA 95113
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Zoom Upgrade Plan
	(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 08/22/2020	Payee name Texas Democratic Party	
Amount (\$) \$466.67	Payee address; 1106 Lavaca St.	City; State; Zip Code Austin TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	Description VAN
	<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 09/01/2020	Payee name Super Cheap Signs	
Amount (\$) \$331.10	Payee address; 9200 Waterford Centre Blvd.	City; State; Zip Code Austin TX 78758
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard and Road Signs
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 2/2	2 FILER NAME Jared D. Breckenridge	3 Filer ID (Ethics Commission Filers) 9726
--	--	--

4 Date 09/21/2020	5 Payee name Texas Democratic Party
-----------------------------	---

6 Amount (\$) \$466.67	7 Payee address; 1106 Lavaca St.	City; Austin	State; TX	Zip Code 78701
----------------------------------	--	-----------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expense	(b) Description VAN
	(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 09/22/2020	Payee name ZOOM
--------------------	--------------------

Amount (\$) \$15.98	Payee address; 55 Almaden Blvd.	City; San Jose	State; CA	Zip Code 95113
------------------------	------------------------------------	-------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Zoom Upgrade Plan
	<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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1/1	2 FILER NAME Jared D. Breckenridge	3 Filer ID (Ethics Commission Filers) 9726
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 10/22/2020	6 Payee name Texas Democratic Party
-----------------------------	---

7 Amount (\$) \$466.67	8 Payee address; 1106 Lavaca St.	City; Austin	State; TX	Zip Code 78701
----------------------------------	--	-----------------	--------------	-------------------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Expense	(b) Description VAN
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 07/21/2020	Payee name WIX/Jared Breckenridge
--------------------	--------------------------------------

Amount (\$) \$200.11	Payee address; 2601 Mission St.	City; San Francisco	State; CA	Zip Code 94110
-------------------------	------------------------------------	------------------------	--------------	-------------------

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	<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