

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>MR</b>	FIRST <b>BRANDON</b>	MI <b>L</b>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; font-weight: bold;">RECEIVED</div> JAN 13 2025  CITY OF MESQUITE SECRETARY			
	NICKNAME	LAST <b>MURDEN</b>	SUFFIX				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>3625 DOVE LN., MESQUITE, TX 75181</b>						
	Date Hand-delivered or Date Postmarked						
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(469 )</b>	PHONE NUMBER <b>783-5183</b>	EXTENSION	Receipt #			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>MRS</b>	FIRST <b>MARCELA</b>	MI	Amount \$			
	NICKNAME	LAST <b>MURDEN</b>	SUFFIX	Date Processed			
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3625 DOVE LN., MESQUITE, TX 75181</b>			Date Imaged			
	<b>8 CAMPAIGN TREASURER PHONE</b>						
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input 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)						
<b>10 PERIOD COVERED</b>	Month	Day	Year	Month	Day	Year	
	<b>7</b>	<b>16</b>	<b>24</b>	THROUGH	<b>12</b>	<b>31</b>	<b>24</b>
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	/	/		<input type="checkbox"/> General	<input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>CITY COUNCILMAN - DISTRICT 6</b>			<b>13 OFFICE SOUGHT (if known)</b>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	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	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> BRANDON MURDEN		<b>16 Filer ID (Ethics Commission Filers)</b>	
<b>17 CONTRIBUTION TOTALS</b>	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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**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.

\_\_\_\_\_  
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 BRANDON MURDEN, and my date of birth is 11/20/1984.

My address is 3625 DOVE LN., MESQUITE, TX, 75181, US.  
(street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TEXAS, on the 13TH day of JANUARY, 2025.

  
Signature of Candidate/Officeholder (Declarant)

