

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)	2 Total pages filed: 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Prentiss	MI MI	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;"> Date Received 10/11/23 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked (H) 4:57 p.m. 10/11/2023 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed 10/11/2023 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged 10/11/2023 </div>
	NICKNAME	LAST Madison	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; 913 W 16th St Bryan, TX 77803-1682	APT / SUITE #;	CITY; STATE; ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER 224-4483	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joshua	MI MI	
	NICKNAME	LAST Watson	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); Bryan		CITY; STATE; ZIP CODE TX 77803	
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 422-0960	EXTENSION	
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 7	Day 17	Year 23	THROUGH Month 10 Day 8 Year 23
11 ELECTION	ELECTION DATE			ELECTION TYPE
	Month 11	Day 7	Year 23	<input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Bryan School Board Trustee Place 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) 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		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Prentiss Madison		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,010.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,139.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,370.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

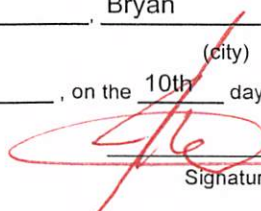
My name is Prentiss Madison, and my date of birth is 10/08/1976.

My address is 913 W 16th, Bryan, TX, 77803, USA.

(street) (city) (state) (zip code) (country)

Executed in Bryan County, State of Texas, on the 10th day of October, 2023.

(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Prentiss Madison		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,510.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 225.01
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	■ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,914.94
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: 5
2 FILER NAME Prentiss Madison		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2023	5 Full name of contributor Melanie Person out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code College Station, TX 77845	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor Adrian Nettles out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Wellborn, TX 77881	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nettles Law PLLC
Date 09/12/2023	Full name of contributor William Lero out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Lero Construction Company
Date 09/08/2023	Full name of contributor Doug French out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Stylecraft Builders
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Prentiss Madison		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2023	5 Full name of contributor Gregory Owens out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code Bryan, TX 77802	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor CHUCK KONDELLA out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00 150.00
	Contributor address; City; State; Zip Code BRYAN TX 77802	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2023	Full name of contributor Kean Register out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code Bryan, TX 77802	
Principal occupation / Job title (See Instructions) City Manager		Employer (See Instructions) City of Bryan
Date 09/12/2023	Full name of contributor Randy French out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code Bryan, TX 77802	
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) Stylecraft
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Prentiss Madison		3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2023	5 Full name of contributor William Joel Bryan <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code Bryan, TX 77801		
8 Principal occupation / Job title (See Instructions) Designer/Owner		9 Employer (See Instructions) Bryan Creative Group
Date 09/12/2023	Full name of contributor Marc Garrett <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code Bryan, TX 77805		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Gowan Garrett
Date 09/12/2023	Full name of contributor Joshua Watson <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code Bryan, TX 77803		
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Opalaris LLC
Date 09/12/2023	Full name of contributor Shelley Nelson <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code Bryan, TX 77802		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) PiperCat
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1	5
2 FILER NAME Prentiss Madison		3 Filer ID (Ethics Commission Filers)	
4 Date 09/12/2023	5 Full name of contributor Joe Bomnskie out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code Bryan, TX 77808	7 Amount of contribution (\$) 250.00	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) TAMU	
Date 09/15/2023	Full name of contributor Marjorie Yerrington out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Bryan, TX 77803	Amount of contribution (\$) 50.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/23/2023	Full name of contributor Kenneth Lawson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of contribution (\$) 1,000.00	
Principal occupation / Job title (See Instructions) Manager/Owner		Employer (See Instructions) C.C. Creations	
Date 09/21/2023	Full name of contributor EHRA Engineering PAC out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Houston, TX 77042	Amount of contribution (\$) 500.00	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) EHRA Engineering PAC	
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

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2 FILER NAME Prentiss Madison		3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2023	5 Full name of contributor out-of-state PAC (ID#: _____) ANDRE MALONE	7 Amount of contribution (\$) 160.00
	6 Contributor address; City; State; Zip Code BRYAN TX 77803	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 08/30/2023	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$) 350.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

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: 1	
2 FILER NAME Prentiss Madison		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 4,500.00	
5 Date 09/12/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buppy's Catering & Bartending	8 Amount of Contribution \$ 2,500.00	9 In-kind contribution description Hosting & Catering for Fundraising Event
7 Contributor address; City; State; Zip Code Bryan, TX 77801		Check if travel outside of Texas. Complete Schedule T.	
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 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe's Place	Amount of Contribution \$ 2,000.00	In-kind contribution description Fish Fry & Hosting for Community Meet & Greet
Contributor address; City; State; Zip Code Bryan, TX 77808		Check if travel outside of Texas. Complete Schedule T.	
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)			
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

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.

1 Total pages Schedule F1: 1	2 FILER NAME Prentiss Madison	3 Filer ID (Ethics Commission Filers)
4 Date 09/20/2023	5 Payee name Harland Clarke	
6 Amount (\$) 81.91	7 Payee address; City; State; Zip Code San Antonio TX 78256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Purchase of Checks & Deposit Slips
	(c) Check if travel outside of Texas. Complete Schedule T. 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 09/15/2023	Payee name Anedot	
Amount (\$) 138.10	Payee address; City; State; Zip Code Dallas TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit Card Processing Fees
	Check if travel outside of Texas. Complete Schedule T. 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 10/02/2023	Payee name First Financial Bank	
Amount (\$) 5.00	Payee address; City; State; Zip Code College Station TX 77840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Paper Statement Fee
	Check if travel outside of Texas. Complete Schedule T. 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

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