JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 5 MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** S Mr. Andrew NAME Date Received NICKNAME LAST SUFFIX Dornburg ADDRESS / PO BOX; APT / SUITE #; ZIP CODE 4 CANDIDATE / CITY; STATE: JAN 17 2023 RCVD **OFFICEHOLDER** Rosenberg TX 77471 P.O. Box 482 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 808-0429 (346) PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN **TREASURER** Paul Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Wyman STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN 77494 TREASURER TX 26815 Sandy Arbor Lane Katy **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER PHONE (337) 241-8820 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year Month Day 10 PERIOD Month Day Year COVERED 01 16 2023 30 2022 THROUGH 10 **ELECTION TYPE** ELECTION DATE 11 ELECTION Primary Runoff Other Month Description X General Special 08 / 2022 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Judge, Fort Bend County Court at Law #3 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	Andrew Dornburg	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,575.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	F THE \$
OF Notar	AISHA M. BAZAN y Public, State of Texas Please complete either option below m. Expires 02-09-2025 otary ID 129101087	w:
NOTARY STAMP/SE Swom to and subscribe 20 1-3 , to certif	/1 . /) .	17th day of January
DIMO	AISNA BATOM	
Signature of officer adminis	114 114	Title of officer administering oath
	OR	
(2) Unsworn Declara	tion	
My name is	, and my date of birth i	s
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of (mon	th) 20 (year)
	Cianatura of Cana	idate/Officeholder (Declarant)

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Andrew Dornburg 4 Date 5 Payee name Fort Bend County Republican Party 1/13/23 City; 6 Amount (\$) 7 Payee address; State: Zip Code P.O. Box 461 Sugar Land TX 76011 \$2,000.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Donation to FBC Republican Party **PURPOSE** Donations made by Candidate OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/8/22-1/9/23 Squarespace City; Zip Code State: Amount (\$) Payee address; 225 Varrick Street, 12th Floor New York NY 10014 \$58.97 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Website Expenses Advertisng Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amegy Bank 11/30/22-1/13/23 City; State; Zip Code Payee address; Amount (\$) TX 77450 Katy 3020 S. Mason Road \$11.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE Banking Expenses** Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Accounting/Banking

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

ontributions/Donations Made B Candidate/Officeholder/Politica redit Card Payment	•	Gift/Awards/Memorials Expense P	rouing Expense Printing Expense ialaries/Wages/Contract Labor now to complete this form.	Travel In District Travel Out Of District Other (enter a cates	ict gory not listed above)
Total pages Schedule F1:		NAME NAME		3 Filer ID (Ethic	cs Commission Filers
Date	5 Payeen				
1/13/23	-	w Dornburg			
Amount (\$)	7 Payee a	ddress;	City;	State;	Zip Code
\$1,505.11	P.O. B	ox 482	Rosenberg	TX	77471
	(a) Catego	ry (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF EXPENDITURE	Loan	Repayment	Loan Repay	rment	
	(c)	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austi	n, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name	Office sought		Office held
Date	Payee na	ame			
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code
PURPOSE OF	Categor	y (See Categories listed at the top of this sche	dule) Description		
EXPENDITURE					
		Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin	n, TX, officeholder livir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name	Office sought		Office held
Date	Payee n	ame			
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code
PURPOSE OF	Categor	y (See Categories listed at the top of this sche	dule) Description		
EXPENDITURE		Check if travel outside of Texas. Complete Scher	dule T. Check if Austin	n, TX, officeholder livir	g expense
	Candi	date / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to d	complete this form.				
		Complete only if "Report Type" on page 1 i	s marked "Final Report" ••				
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)				
	Andrev	w Dornburg					
3	SIGNA	ATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand						
		ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
			411/1				
			Signature of Candidate Officeholder				
			Signature of Santanage				
4	FILER	WHO IS NOT AN OFFICEHOLDER					
	• Com	nplete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	ck only one:					
	X	I do not have unexpended contributions or unexpended interest or	income earned from political contributions.				
		I have unexpended contributions or unexpended interest or income					
		may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report					
		unexpended contributions or unexpended interest or income earner	d on political contributions longer than six years after				
		filing this final report. Further, I understand that I must dispose of uniterest or income earned on political contributions in accordance w					
	_						
	B.	ASSETS					
		ck only one:					
	X	I do not retain assets purchased with political contributions or interest	est or other income from political contributions.				
		I do retain assets purchased with political contributions or interest of	or other income from political contributions. I understand				
		that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased					
		requirements of Election Code, § 254.204.					
			17201				
			Signature of Candidate				
5	OFFIC	CEHOLDER mplete this section o <i>nly</i> if you are an officeholder ••					
		I am aware that I remain 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 unexpend an officeholder, I retain political contributions, interest or other incom-	ed contributions if, after filing the last required report as				
		political contributions or interest or other income from political contributions.					
			Signature of Officeholder				