

# 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> |   | <b>1 Filer ID (Ethics Commission Filers)</b>  | <b>2 Total pages filed:</b><br><span style="font-size: 1.2em;">15</span>  |           |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                | MS / MRS / MR   | FIRST   | MI  |           |
|   | Mr.   | Bradley   | W   |           |
|   | NICKNAME  | LAST  | SUFFIX  |           |
|   |   | Tilton  | II  |           |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>                     | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  |   | <p><i>Date Received</i><br/><b>RECEIVED</b><br/><i>12:20 pm Almeida</i><br/><b>APR - 3 2025</b><br/>Office of City Secretary<br/>City of Sugar Land, TX</p> <p><i>Date Hand-delivered or Date Postmarked</i></p> <p>Receipt #      Amount \$</p> <p><i>Date Processed</i></p> <p><i>Date Imaged</i></p> |           |
|   | Sugar Land, Texas 77479   |   |   |           |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                               | AREA CODE   | PHONE NUMBER  |   | EXTENSION |
|   | [REDACTED]  |   |   |           |
| <b>6 CAMPAIGN TREASURER NAME</b>                                      | MS / MRS / MR   | FIRST   |   | MI        |
|   | Dr.   | Devang  |   |           |
|   | NICKNAME  | LAST  |   | SUFFIX    |
|   |   | Patel   |   | 2013      |
| <b>7 CAMPAIGN TREASURER ADDRESS</b>                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE   |   |   |           |
|   | Sugar Land, Texas 77479   |   |   |           |
| <b>8 CAMPAIGN TREASURER PHONE</b>                                     | AREA CODE   | PHONE NUMBER  | EXTENSION   |           |
|   | [REDACTED]  |   |   |           |
| <b>9 REPORT TYPE</b>  | <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)   |   |   |           |
| <b>10 PERIOD COVERED</b>  | Month   | Day   | Year  |           |
|   | 1   | 1   | 25  |           |
|   |   | THROUGH   | Month    Day    Year  |           |
|   |   |   | 3    24    25   |           |
| <b>11 ELECTION</b>  | ELECTION DATE   |   | ELECTION TYPE   |           |
|   | Month   | Day   | Year  |           |
|   | 5   | 3   | 25  |           |
|   |   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input checked="" type="checkbox"/> Special |   |           |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  |   | <b>13 OFFICE SOUGHT (if known)</b><br>Sugar Land City Council District 2  |           |
|   |   |   |   |           |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>                          | 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

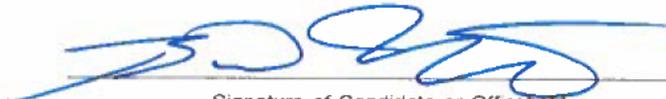
FORM C/OH  
COVER SHEET PG 2

**15 C/OH NAME**  
Bradley William Tilton II

**16 Filer ID (Ethics Commission Filers)**

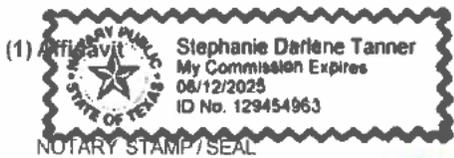
|                                |   |              |
|--------------------------------|---|--------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 10,151.00 |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 10,151.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$           |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 15,880.03 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 10,151.00 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 15,555.45 |

**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:



Sworn to and subscribed before me by Bradley W. Tilton II this the 29 day of April, 2025, to certify which, witness my hand and seal of office.

Stephanie Darlene Tanner Stephanie Tanner Notary Public  
 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

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Bradley William Tilton II                                      |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                       |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 10,151.00                                  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. SCHEDULE E: LOANS   |  | \$ 15,555.45                                  |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ 8,324.58                                   |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$ 7,555.45                                   |
| 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: <b>5</b>            |
| 2 FILER NAME<br><b>Bradley William Tilton II</b>          |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>02/25/2025</b>                               | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Rachels Wholesale Corporation</b><br>6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)<br><b>250.00</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                  |
| Date<br><b>02/27/2025</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jenifer Seymour</b><br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)<br><b>200.00</b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                    |
| Date<br><b>02/27/2025</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Carel Stith and Bonnie Hellums</b><br>Contributor address; City; State; Zip Code    | Amount of contribution (\$)<br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                    |
| Date<br><b>03/07/2025</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Ryan Braun</b><br>Contributor address; City; State; Zip Code                        | Amount of contribution (\$)<br><b>151.00</b>   |
| 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.

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:                        |
| 2 FILER NAME<br>Bradley William Tilton II   |  | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br>02/27/2025  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Hongmei Wang | 7 Amount of contribution (\$)<br><br><b>50.00</b> |
| 6 Contributor address: City; State; Zip Code  |  |   |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                     |
| Date<br>02/27/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>Jeremy Bartels | Amount of contribution (\$)<br><br><b>50.00</b>   |
| Contributor address: City; State; Zip Code  |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |
| Date<br>02/27/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>Tracy Golden   | Amount of contribution (\$)<br><br><b>100.00</b>  |
| Contributor address: City; State; Zip Code  |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |
| Date<br>02/28/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>Jarrell Perrin | Amount of contribution (\$)<br><br><b>100.00</b>  |
| Contributor address: City; State; Zip Code  |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                       |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:                         |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date  | 5 Full name of contributor <span style="float: right;">out-of-state PAC (ID# _____)</span><br><b>Tim Drews</b>                | 7 Amount of contribution (\$)<br><br><b>250.00</b> |
| 03/01/2025  | 6 Contributor address: <span style="float: right;">City; State; Zip Code</span>   |  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                      |
| Date  | Full name of contributor <span style="float: right;">out-of-state PAC (ID# _____)</span><br><b>Sohini Tomar</b>               | Amount of contribution (\$)<br><br><b>50.00</b>    |
| 03/08/2025  | Contributor address: <span style="float: right;">City; State; Zip Code</span>   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date  | Full name of contributor <span style="float: right;">out-of-state PAC (ID# _____)</span><br><b>Vincent Cheng</b>              | Amount of contribution (\$)<br><br><b>100.00</b>   |
| 03/09/2025  | Contributor address: <span style="float: right;">City; State; Zip Code</span>   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date  | Full name of contributor <span style="float: right;">out-of-state PAC (ID# _____)</span><br><b>Bradley and Carlota Tilton</b> | Amount of contribution (\$)<br><br><b>250.00</b>   |
| 03/11/2025  | Contributor address: <span style="float: right;">City; State; Zip Code</span>   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:                     |
| 2 FILER NAME<br>Bradley William Tilton II   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>03/15/2025  | 5 Full name of contributor<br>Shannon Swadis<br>out-of-state PAC (ID# _____)<br>6 Contributor address; City; State; Zip Code                                  | 7 Amount of contribution (\$)<br><b>500.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                  |
| Date<br>03/19/2025  | Full name of contributor<br>Joshua Miller<br>out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code                                       | Amount of contribution (\$)<br><b>250.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>03/19/2025  | Full name of contributor<br>Asad Abassi<br>out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)<br><b>250.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>03/06/2025  | Full name of contributor<br>Lexington Imaging<br>out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code<br>[REDACTED] Sugar Land TX 77479 | Amount of contribution (\$)<br><b>2,500.00</b> |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:                       |
| <b>2</b> FILER NAME<br>Bradley William Tilton II                 |   | <b>3</b> Filer ID (Ethics Commission Filers)            |
| <b>4</b> Date<br>03/06/2025                                      | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br>Horizon Chiropractic<br><b>6</b> Contributor address; City; State; Zip Code<br>[REDACTED] Houston, Texas 77055 | <b>7</b> Amount of contribution (\$)<br><b>2,500.00</b> |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                    |

|  |  |   |
|--|--|---|
| <b>Date</b><br>03/06/2025                                  | <b>Full name of contributor</b> out-of-state PAC (ID# _____)<br>Alliance Medical Specialists<br><b>Contributor address;</b> City; State; Zip Code<br>[REDACTED] Houston, Texas 77055 | <b>Amount of contribution (\$)</b><br><b>2,500.00</b> |
| <b>Principal occupation / Job title (See Instructions)</b> |  | <b>Employer (See Instructions)</b>                    |

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

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

|   |  |  |
|---|--|--|
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |
|---|--|--|

**LOANS**

**SCHEDULE E**

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 E: <b>3</b>  |
| 2 FILER NAME<br><b>Bradley William Tilton II</b>   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$  |
| 5 Date of loan<br><b>02/19/2025</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Bradley William Tilton II</b> | 9 Loan Amount (\$) <b>5,000.00</b>  |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code  | 10 Interest rate  |
|  |  | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)   |  | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br><br>none   |  | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>not applicable   | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code  |   |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)  |
| Date of loan<br><b>02/21/2025</b>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Bradley William Tilton II</b>   | Loan Amount (\$) <b>3,000.00</b>  |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   | Lender address; City; State; Zip Code  | Interest rate   |
|  |  | Maturity date   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)   |
| Description of Collateral<br><br>none  |  | Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>not applicable  | Name of guarantor  | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code   |   |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

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 E:   |
| 2 FILER NAME<br><b>Bradley William Tilton II</b>   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$  |
| 5 Date of loan<br><b>02/27/2025</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Bradley William Tilton II</b> | 9 Loan Amount (\$)<br><b>887.08</b>   |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code  | 10 Interest rate  |
|  |  | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)   |  | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br><br>none   |  | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>not applicable   | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code  |   |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)  |
| Date of loan<br><b>02/19/2025</b>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Bradley William Tilton II</b>   | Loan Amount (\$)<br><b>819.00</b>   |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   | Lender address; City; State; Zip Code  | Interest rate   |
|  |  | Maturity date   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)   |
| Description of Collateral<br><br>none  |  | Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>not applicable  | Name of guarantor  | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code   |   |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

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 E:   |
| 2 FILER NAME<br><b>Bradley William Tilton II</b>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><b>02/20/2025</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br><b>Bradley William Tilton II</b> | 9 Loan Amount (\$)<br><b>5,849.37</b>   |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code   | 10 Interest rate  |
|  |   | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)   |   | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br>none   |   | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>not applicable   | 17 Name of guarantor  | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code   |   |
| 20 Principal Occupation (See Instructions)   |   | 21 Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )                                       | Loan Amount (\$)  |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N              | Lender address; City; State; Zip Code   | Interest rate   |
|  |   | Maturity date   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Description of Collateral<br>none  |   | Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>not applicable  | Name of guarantor   | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code  |   |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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:<br>2                              | <b>2</b> FILER NAME<br>Bradley William Tilton II   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>02/20/2025   | <b>5</b> Payee name<br>David Greene  |  |
| <b>6</b> Amount (\$)<br>3,300.00                                    | <b>7</b> Payee address: _____ City: _____ State: _____ Zip Code _____  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description                         |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought                      Office held |
| <b>Date</b><br>03/03/2025   | <b>Payee name</b><br>David Greene  |  |
| <b>Amount (\$)</b><br>2,000.00                                      | <b>Payee address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>Description</b>                             |
|   | <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 |
| <b>Date</b><br>03/04/2025   | <b>Payee name</b><br>David Greene  |  |
| <b>Amount (\$)</b><br>1,500.00                                      | <b>Payee address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>Description</b>                             |
|   | <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

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:                                   | <b>2</b> FILER NAME<br>Bradley William Tilton II   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>03/18/2025   | <b>5</b> Payee name<br>Jesse Torres  |  |
| <b>6</b> Amount (\$)<br>1,524.58                                    | <b>7</b> Payee address; City; State; Zip Code  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor                          | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> 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   |  |
| <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. 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   |  |
| <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. 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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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/R 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |  |  |   |
|--|--|--|---|
| <b>1 TOTAL PAGES SCHEDULE F4:</b>  | <b>2 FILER NAME</b><br>Bradley William Tilton II   |  | <b>3 FILER ID (Ethics Commission Filers)</b>        |
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>   |  |  | \$  |
| <b>5 CREDIT CARD ISSUER</b>  | Name of financial institution<br>Chase Bank  |  |   |
| <b>6 PAYMENT</b>   | (a) Amount Charged<br>\$ 819.00  | (b) Date Expenditure Charged<br>02/19/2025 | (c) Date(s) Credit Card Issuer Paid<br>02/21/2025   |
| <b>7 PAYEE</b>   | (a) Payee name<br>AJ Distinctive Designs   | (b) Payee address; City, State, Zip Code   |   |
| <b>8 PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense  |  | (b) Description                                     |
|  | (c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |   |
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name<br>Bradley William Tilton II   |  | Office Sought<br>Sugar Land City Council District 2 |
|  | Office Held<br>Sugar Land City Council District 2  |  |   |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$ 5,849.37  | (b) Date Expenditure Charged<br>02/20/2025 | (c) Date(s) Credit Card Issuer Paid<br>02/26/2025   |
| <b>PAYEE</b>   | (a) Payee name<br>In Quick Signs   | (b) Payee address; City, State, Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense  |  | (b) Description                                     |
|  | (c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |   |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name<br>Bradley William Tilton II   |  | Office Sought<br>Sugar Land City Council District 2 |
|  | Office Held<br>Sugar Land City Council District 2  |  |   |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$ 887.08  | (b) Date Expenditure Charged<br>02/27/2025 | (c) Date(s) Credit Card Issuer Paid<br>03/03/2025   |
| <b>PAYEE</b>   | (a) Payee name<br>Parry's Pizza  | (b) Payee address; City, State, Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense  |  | (b) Description                                     |
|  | (c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |   |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>   | Candidate / Officeholder name<br>Bradley William Tilton II   |  | Office Sought<br>Sugar Land City Council District e |
|  | Office Held<br>Sugar Land City Council District e  |  |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

| OFFICE USE ONLY                        |           |
|--|-----------|
| Date Received                          |           |
| Date Hand-delivered or Date Postmarked |           |
| Receipt #                              | Amount \$ |
| Date Processed                         |           |
| Date Imaged                            |           |

|  |            |
|--|------------|
| Filer name<br><u>Bradley William Tilton II</u> | Filer ID # |
|--|------------|

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 30 day report due on April 3, 2025. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:



[Signature]  
Signature of Filer

Sworn to and subscribed before me by Bradley W. Tilton II this the 2nd day of April 2025, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Stephanie Tanner Printed name of officer administering oath  
Notary Public 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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**