

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MARIAN BROWN 15 Filer ID (Ethics Commission Filers)

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.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>11,484.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>79.90</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>44,178.70</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6805.91</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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.

Marian Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marian Brown, this the 6th day of February, 20 18, to certify which, witness my hand and seal of office.

Diana Lugo
Signature of officer administering oath

Diana Lugo
Printed name of officer administering oath

Admin Asst.
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

MARIAN BROWN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6425.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5059.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 619.09
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 30,127.06
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 13,352.65
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

12/22/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Albert/Gwyneth BLACK

6 Contributor address;

City; State; Zip Code

751 Kessler Lake Dallas, Tx 75208

7 Amount of contribution (\$)

\$1000.00

8 Principal occupation / Job title (See Instructions)

business owner

9 Employer (See Instructions)

self

Date

12/22/17

Full name of contributor

out-of-state PAC (ID#: _____)

Farmer LAW Group

Contributor address;

City; State; Zip Code

400 S. Zang
DALLAS, TX 75208

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

self

Date

12/22/17

Full name of contributor

out-of-state PAC (ID#: _____)

CROCKETT LAW FIRM

Contributor address;

City; State; Zip Code

122 E. BROAD ST.
Texarkana, ARKANSAS 71854

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

self

Date

12/27/17

Full name of contributor

out-of-state PAC (ID#: _____)

Deal's Store

Contributor address;

City; State; Zip Code

9300 Elam Dallas, Tx 75217

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

grocer

Employer (See Instructions)

self

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 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
12/27/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Southern Star Capital

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
*13140 Coit
DALLAS, TX 75240*

\$250.00

8 Principal occupation / Job title (See Instructions)
mortgage

9 Employer (See Instructions)
—

Date
12/27/17

Full name of contributor out-of-state PAC (ID#: _____)
Harold/Deborah Wood

Amount of contribution (\$)

Contributor address; City; State; Zip Code
*1555 Willow Bend
Lancaster, TX 75146*

\$150.00

Principal occupation / Job title (See Instructions)
merchant sales

Employer (See Instructions)
self

Date
1/27/18

Full name of contributor out-of-state PAC (ID#: _____)
David/Nellie Porterfield

Amount of contribution (\$)

Contributor address; City; State; Zip Code
*1110 Meadow Ridge
Duncanville, TX 75137*

\$300.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
—

Date
1/27/18

Full name of contributor out-of-state PAC (ID#: _____)
Shelby Shook

Amount of contribution (\$)

Contributor address; City; State; Zip Code
*4414 Hermoso
DALLAS, TX 75218*

\$500.00

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

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 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

01/27/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Myron Watkins

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

5624 McShann
DALLAS TX 75230

8 Principal occupation / Job title (See Instructions)

Physician

9 Employer (See Instructions)

unknown

Date

1/30/18

Full name of contributor

out-of-state PAC (ID#: _____)

Michael Snipes

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

101 S. Brookside
DALLAS, TX 75214

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Dallas County

Date

1/30/18

Full name of contributor

out-of-state PAC (ID#: _____)

Ron/Debbie Foster

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

103 E. Bexley St.
Winnboro, TX 75494

Principal occupation / Job title (See Instructions)

Law enforcement

Employer (See Instructions)

Dallas County

Date

1/30/18

Full name of contributor

out-of-state PAC (ID#: _____)

Willis Johnson

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1001 Bellevue
DALLAS, TX 75215

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

self

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 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

1/30/18

5 Full name of contributor

Ward LAW

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

2201 Main St
Dallas, TX 75201

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Legal

9 Employer (See Instructions)

self

Date

1/30/18

Full name of contributor

Evan Ngyen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

unknown

City; State; Zip Code

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

Date

1/24/18

Full name of contributor

M. G. GARZA

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.00

Contributor address;

7100 Twisted Oaks
Austin, TX 78745

City; State; Zip Code

Principal occupation / Job title (See Instructions)

law enforcement

Employer (See Instructions)

Dallas County

Date

1/24/18

Full name of contributor

Sylvia Lagos

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

131 Montclair
Dallas, TX 75208

City; State; Zip Code

Principal occupation / Job title (See Instructions)

unknow

Employer (See Instructions)

unknown

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 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/18

5 Full name of contributor

Hector Flores

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

1030 Tracy
Duncanville, TX 75137

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

activist

9 Employer (See Instructions)

self

Date

1/24/18

Full name of contributor

Malissa Carillo

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20.00

Contributor address;

unknown

City; State; Zip Code

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

Date

1/24/18

Full name of contributor

Cathy - Lastname unknown

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20.00

Contributor address;

unknown

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/18

Full name of contributor

Rene/Bea Martinez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$40.00

Contributor address;

unknown Dallas, TX

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Gloria Rodriguez

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City; State; Zip Code

unknown, Dallas, Tx

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

Date

1/24/18

Full name of contributor

out-of-state PAC (ID#: _____)

Yolanda Lara

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

6326 Los Atos
Mesquite, Tx 75150

Principal occupation / Job title (See Instructions)

social services

Employer (See Instructions)

Dallas County

Date

12/18/17

Full name of contributor

out-of-state PAC (ID#: _____)

Marian Brown

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

Box 851635
Mesquite, Tx 75185

Principal occupation / Job title (See Instructions)

Law Enforcement

Employer (See Instructions)

Dallas County

Date

Full name of contributor

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **3**

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date
1/11/18

6 Full name of contributor out-of-state PAC (ID#: _____)
Keith Bilbrey K-B Media

7 Contributor address; City; State; Zip Code
**939 Morning Side
Grand Prairie, TX. 75052**

8 Amount of Contribution \$ **300.00** 9 In-kind contribution description
web services

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
internet services

11 Employer (FOR NON-JUDICIAL) (See Instructions)
self

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
1/22/18

Full name of contributor out-of-state PAC (ID#: _____)
M. Lupe GARZA

Contributor address; City; State; Zip Code
**7100 Twisted Oaks
Austin, TX 78745**

Amount of Contribution \$ **\$2700.00** In-kind contribution description
**voter COINS/
buttons**

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
law enforcement

Employer (FOR NON-JUDICIAL) (See Instructions)
Dallas County

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

1/10/18

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

Bennie Green

8 Amount of Contribution \$

\$1118.00

9 In-kind contribution description

+shirts

7 Contributor address: City; State; Zip Code

600 W. Wheatland
Duncanville, TX 75116

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

business owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

self

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

1/18

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

M. T. Caesar

Amount of Contribution \$

\$441.00

In-kind contribution description

media advertising

Contributor address: City; State; Zip Code

1500 Cobblestone
DeSoto, TX 75115

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

media sales

Employer (FOR NON-JUDICIAL) (See Instructions)

self

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

MARIAN BROWN

1 Total pages Schedule A2:

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

1/1/18

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

Charlie Ney

7 Contributor address; City; State; Zip Code

542 N. Main
Duncanville, TX 75116

8 Amount of Contribution \$

\$500.00

9 In-kind contribution description

Advertisement

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

business owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

self

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

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: <u>1</u>	2 FILER NAME <u>MARIAN BROWN</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>12/4/17</u>	5 Payee name <u>A-T-T</u>
--------------------------	------------------------------

6 Amount (\$) <u>\$90.00</u>	7 Payee address; City; State; Zip Code <u>PO Box 5087 Carol Stream, IL 60197</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Campaign phone service</u>	(b) Description <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
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Date <u>01/02/18</u>	Payee name <u>Mark Knight</u>
-------------------------	----------------------------------

Amount (\$) <u>\$300.00</u>	Payee address; City; State; Zip Code <u>McKinney, Tx</u>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Field Services</u>	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
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Date <u>1/28/18</u>	Payee name <u>Home Depot</u>
------------------------	---------------------------------

Amount (\$) <u>229.09</u>	Payee address; City; State; Zip Code <u>I-35 Hwy DeSoto, Tx 75115</u>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>sign supplies</u>	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 F4: <u>1</u>	2 FILER NAME <u>MARIAN BROWN</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <u>7/8/18</u>	6 Payee name <u>Clear Channel</u>	
7 Amount (\$) <u>\$13,797.00</u>	8 Payee address; City; State; Zip Code <u>Box 847247</u> <u>DALLAS, TX 75284</u>	
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) <u>Advertising</u>	(b) Description <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 <u>7/18/18</u>	Payee name <u>MSCAS LLC</u>	
Amount (\$) <u>16,330.06</u>	Payee address; City; State; Zip Code <u>Desoto, TX 75115</u>	
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) <u>Advertising</u>	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
---------------------------------------	-------------------------------------	---------------------------------------

4 Date 7/22/18	5 Payee name Out Front
--------------------------	----------------------------------

6 Amount (\$) 6688.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11233 N. Stemmons Dallas, TX 75229
--	---

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/08/17	Payee name Fed Ex
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Amount (\$) 936.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 18661 LBJ FRWY Mesquite, TX 75150
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/22/18	Payee name MSCAS LLC
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Amount (\$) 381.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Desoto, TX 75115
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 01/26/18	5 Payee name Texas Democratic Party
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6 Amount (\$) 2200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1106 Lavaca Austin, Tx 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/02/18	Payee name CMC Rebar
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Amount (\$) 147.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2116 S. Good Latimer Dallas, Tx 75226
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/6/18	Payee name D/5. County Democratic Party
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Amount (\$) 1250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4209 Parry Ave Dallas, TX 75223
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Marian Brown	3 Filer ID (Ethics Commission Filers)
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4 Date 12/17/17	5 Payee name Winsor Barbee
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6 Amount (\$) \$1750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 222139 Dallas, TX 75222
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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