

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

GENERAL

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

\$ 265.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7859.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 35.00

4. TOTAL POLITICAL EXPENDITURES

\$ 47,766.93

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

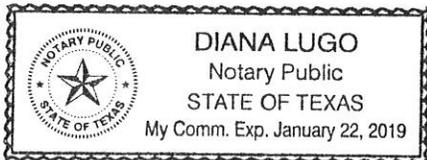
\$ 45,777.12

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 81,760.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Marian Brown, this the 26 day of February, 20 2018, 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 | \$ 6500.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1359.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 81,160.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 47,766.93 |
| 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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 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:

2 FILER NAME

Marian Brown

3 Filer ID (Ethics Commission Filers)

4 Date

02/11/18

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

Earnestine Sanders

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

133 Riverfront
DALLAS, TX 75203

8 Principal occupation / Job title (See Instructions)

law enforcement

9 Employer (See Instructions)

Dallas County

Date

02/22/18

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

Marcos Ronquillo

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

13155 Noel Rd 700
DALLAS, TX 75240

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

02/22/18

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

Helen Giddings

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

400 N. ZANG
DALLAS, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/18

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

Eberstein Witherite

Amount of contribution (\$)

\$1000.00

Contributor address; City; State; Zip Code

10440 N. Central Expwy
DALLAS, TX 75231

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Eberstein Witherite

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

02/21/18

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

Lucious Williams

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

1421 Covington
Desoto, TX 75115

8 Principal occupation / Job title (See Instructions)

UNKNOWN

9 Employer (See Instructions)

UNKNOWN

Date

02/21/18

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

Blaise/Wendy Mikulewicz

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2111 Reflection Pointe
Richardson, TX

Principal occupation / Job title (See Instructions)

Law enforcement

Employer (See Instructions)

Dallas County

Date

02/15/18

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

Ruel M. Hamilton

Amount of contribution (\$)

\$3000.00

Contributor address; City; State; Zip Code

325 N. St. Paul 3350
Dallas, TX 75201

Principal occupation / Job title (See Instructions)

REALTY

Employer (See Instructions)

self

Date

02/15/18

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

Hiawatha/Doris Williams

Amount of contribution (\$)

\$1000.00

Contributor address; City; State; Zip Code

1141 Waterview LN
Desoto, TX 75115

Principal occupation / Job title (See Instructions)

business owner

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

02/25/18

5 Full name of contributor

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

Linda Goodson

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

324 Long Ridge
Dallas, TX 75232

8 Principal occupation / Job title (See Instructions)

Postal employee

9 Employer (See Instructions)

USPS

Date

02/25/18

Full name of contributor

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

Laura Guiton

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

3909 Morgan Dr
Mesquite, TX 75150

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

unknown

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

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

\$

0

5 Date

02/06/18

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

Keith Bilbrey - K-B Media

7 Contributor address; City; State; Zip Code

939 Morningside
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/media

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

02/06/18

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

Bennie Green

Contributor address; City; State; Zip Code

600 W. Wheatland
Duncanville, TX 75116

Amount of Contribution \$

559.00

In-kind contribution description

t-shirts

Check if travel outside of Texas. Complete Schedule T.

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

business owner

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.

1 Total pages Schedule A2:

2 FILER NAME

Marian Brown

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 0

5 Date

02/06/18

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

Charlie Ney

8 Amount of Contribution \$

500.00

9 In-kind contribution description

Advertisement

7 Contributor address; City; State; Zip Code

542 N. Main St
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

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Marian Brown

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

02/13/18

7 Name of lender

Marian Brown

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

9 Loan Amount (\$)

\$5000.00

6 Is lender a financial Institution?

Y N

8 Lender address;

P.O. Box 851635

City; State; Zip Code

10 Interest rate

Mesquite, TX 75185

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Law enforcement

13 Employer (See Instructions)

Dallas County

14 Description of Collateral

none

N/A

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

02/15/18

Name of lender

Marian Brown

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

Loan Amount (\$)

\$24,760.00

Is lender a financial Institution?

Y N

Lender address;

P.O. Box 851635

City; State; Zip Code

Interest rate

Mesquite, TX 75185

Maturity date

Principal occupation / Job title (See Instructions)

Law Enforcement

Employer (See Instructions)

Dallas County

Description of Collateral

none

N/A

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

not applicable

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

02/20/18

7 Name of lender

MARIAN BROWN

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

9 Loan Amount (\$)

\$50,000.00

6 Is lender a financial institution?

Y N

8 Lender address;

P.O. Box 851635
Mesquite, TX 75185

City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

LAW Enforcement

13 Employer (See Instructions)

Dallas County

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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.

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 | 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: | 2 FILER NAME MARIAN BROWN | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date 02/08/18 | 5 Payee name I Messenger Media |
|---------------------------|--|

| | |
|-----------------------------------|--|
| 6 Amount (\$) \$2500.00 | 7 Payee address; City; State; Zip Code 320 - I-35 DALLAS, TX |
|-----------------------------------|--|

| | | |
|------------------------------------|--|---|
| 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 |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|---|
| Date 02/12/18 | Payee name Political United Marketing |
|-------------------------|---|

| | |
|---------------------------------|---|
| Amount (\$) \$5000.00 | Payee address; City; State; Zip Code P.O. Box 191803 DALLAS, TX 75219 |
|---------------------------------|---|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date 02/15/18 | Payee name Ms. Cas, LLC |
|-------------------------|-----------------------------------|

| | |
|-----------------------------------|---|
| Amount (\$) \$11,800.00 | Payee address; City; State; Zip Code 217 N. I-35 DeSoto, TX 75115 |
|-----------------------------------|---|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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

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 F1: | 2 FILER NAME MARIAN BROWN | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date 02/11/18 | 5 Payee name Camp Retail Ltd. |
|---------------------------|---|

| | |
|-----------------------------------|--|
| 6 Amount (\$) \$2210.00 | 7 Payee address; City; State; Zip Code 301 S. Sherman St. Richardson, TX 75081 |
|-----------------------------------|--|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) office overhead/rent | (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 |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---|
| Date 02/16/18 | Payee name Mortenson Broadcasting |
|-------------------------|---|

| | |
|---------------------------------|---|
| Amount (\$) \$2880.00 | Payee address; City; State; Zip Code 5787 S. Hampton DALLAS, TX 75232 |
|---------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | 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 |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date 02/20/18 | Payee name J. A. P. P. |
|-------------------------|----------------------------------|

| | |
|---------------------------------|---|
| Amount (\$) \$1500.00 | Payee address; City; State; Zip Code P.O. BOX 764351 DALLAS, TX 75376 |
|---------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) polling expense | 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 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 | 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: | 2 FILER NAME MARIAN BROWN | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date 02/20/18 | 5 Payee name Political United Marketing |
|---------------------------|---|

| | |
|-----------------------------------|--|
| 6 Amount (\$) \$5000.00 | 7 Payee address; City; State; Zip Code P.O. Box 191803 Dallas, Tx. 75219 |
|-----------------------------------|--|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) contract labor | (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 |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|---|
| Date 02/16/18 | Payee name Service Broadcasting |
|-------------------------|---|

| | |
|-----------------------------------|--|
| Amount (\$) \$14,800.00 | Payee address; City; State; Zip Code 14114 N. Dallas Pkwy 380 Dallas, TX 75254 |
|-----------------------------------|--|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|---------------------------------|
| Date 02/11/18 | Payee name MSCAS, LLC |
|-------------------------|---------------------------------|

| | |
|--------------------------------|---|
| Amount (\$) \$140.93 | Payee address; City; State; Zip Code 217 N. I 35 DeSoto, TX 75115 |
|--------------------------------|---|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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

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: | 2 FILER NAME MARIAN BROWN | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

| | |
|---------------------------|---------------------------------------|
| 4 Date 02/16/18 | 5 Payee name William Fisher |
|---------------------------|---------------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$320.00 | 7 Payee address; City; State; Zip Code 101 Hampton Ct. 14 Kaufman, TX 75142 |
|----------------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) polling | (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 |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date 02/16/18 | Payee name Tonya Royal |
|-------------------------|----------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$136.00 | Payee address; City; State; Zip Code 217 I 35 Desoto, TX 75115 |
|--------------------------------|--|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------------|
| Date 02/16/18 | Payee name Hosea FAIN, Jr. |
|-------------------------|--------------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$480.00 | Payee address; City; State; Zip Code 10030 Pebble Valley LN DALLAS, TX 75217 |
|--------------------------------|--|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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

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: | 2 FILER NAME MARIAN BROWN | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/23/18 | 5 Payee name William Fisher | |
| 6 Amount (\$) \$480.00 | 7 Payee address; City; State; Zip Code 101 HAMPTON CT 14 Kaufman, TX 75142 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) polling | (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 |
|---|-------------------------------|---------------|-------------|

| | | | |
|-------------------------|--|--|--|
| Date 02/23/18 | Payee name Hosea Fain, JR | | |
| Amount (\$) \$320.00 | Payee address; City; State; Zip Code 10030 Pebble Valley LN Dallas, TX 75217 | | |

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) polling | 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 |
|--|-------------------------------|---------------|-------------|

| | | | |
|-------------------------|--|--|--|
| Date 02/23/18 | Payee name Tonya Royal | | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 217 N I 35 Desoto, TX 75115 | | |

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) polling | 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