

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MARIAN
 NICKNAME LAST SUFFIX
BROWN

OFFICE USE ONLY

Date Received
 BY *JOHN E. WARREN*
 COUNTY CLERK
 DALLAS COUNTY
 DEPUTY
 2018 OCT -9 PM 2:09
FILED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 851635
Mesquite, Tx 75185

Change of Address

Date Hand-delivered or Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 458-6595

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Victor
 NICKNAME LAST SUFFIX
Vital

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2100 McKinney Ave
Dallas, Tx 75201

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 258-4124

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
07 / 14 / 2018 THROUGH *10 / 30 / 18*

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
11 / 06 / 2018 General Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

Sheriff

GO TO PAGE 2

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

\$ 0

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

\$ 18,811.35

EXPENDITURE
TOTALS

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

\$ 5.00

4. TOTAL POLITICAL EXPENDITURES

\$ 17,521.28

CONTRIBUTION
BALANCE

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

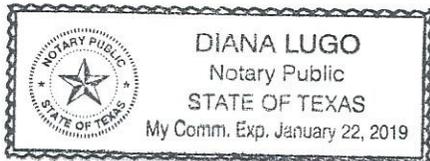
\$ 10,710.77

OUTSTANDING
LOAN TOTALS

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

\$ 40,339.00

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 09 day of October, 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 <i>MARIAN BROWN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>17,845.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>966.35</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>17,521.28</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>11,200.⁰⁰</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *1/9*

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
10/4/18

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

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code
*559 W Wheatland Rd
Duncanville, TX 75116*

8 Principal occupation / Job title (See Instructions)
unknown

9 Employer (See Instructions)
self

Date
10/1/18

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

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code
*Box 224912
Dallas, TX 75222*

Principal occupation / Job title (See Instructions)
minister

Employer (See Instructions)
self

Date
10/1/18

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

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
*18725 N. Dallas PKWY
Dallas, TX 75287*

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

Date
10/1/18

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

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)
attorney

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: *2/9*

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
10/1/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
*400 N. Zang
Dallas, TX 75208*

\$100.00

8 Principal occupation / Job title (See Instructions)
attorney

9 Employer (See Instructions)
self

Date

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

Amount of contribution (\$)

10/1/18

Contributor address; City; State; Zip Code
*6116 N. Central
Dallas, TX 75206*

\$100.00

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
self

Date

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

Amount of contribution (\$)

10/1/18

Contributor address; City; State; Zip Code
*248 Lydia Circle
Irving, TX 75060*

\$50.00

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

Date

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

Amount of contribution (\$)

10/1/18

Contributor address; City; State; Zip Code
Dallas, TX

\$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: **3/9**

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
10/4/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$500.00

Dallas, TX

8 Principal occupation / Job title (See Instructions)
clothier

9 Employer (See Instructions)
unknown

Date
10/4/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$1000.00

**400 N. Zang
Dallas, TX 75208**

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
self

Date
10/2/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$2500.00

Dallas, TX

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
self

Date
10/1/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$1000.00

**Box 851635
Mesquite, TX 75185**

Principal occupation / Job title (See Instructions)
journalist

Employer (See Instructions)
Fox News

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: **4/9**

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
10/1/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
Dallas, TX

\$750.00

8 Principal occupation / Job title (See Instructions)
attorney

9 Employer (See Instructions)
self

Date
10/1/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
**6116 N. Bishop
Dallas, TX 75208**

\$500.00

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
self

Date
10/1/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
**1432 CountryRidge
DeSoto, TX 75115**

\$50.00

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

Date
9/27/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
**Box 851635
Mesquite, TX 75185**

\$25.00

Principal occupation / Job title (See Instructions)
journalist

Employer (See Instructions)
Fox TV

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: 5/9

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
10/1/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
324 Long Ridge
Dallas, TX 75232

\$100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

retired

Date
07/23/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
325 N. St. Paul
Dallas, TX 75201

\$1000.00

Principal occupation / Job title (See Instructions)

realtor

Employer (See Instructions)

self

Date
07/23/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
325 St. Paul
Dallas, TX 75201

\$1000.00

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date
07/23/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
18601 LBJ Frwy 525
Mesquite, TX 75150

\$1000.00

Principal occupation / Job title (See Instructions)

attorney

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: 6/9

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
08/13/18

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

7 Amount of contribution (\$)
\$3000.00

6 Contributor address; City; State; Zip Code
1807 Ross Ave 325
Dallas, TX 75201

8 Principal occupation / Job title (See Instructions)
attorney

9 Employer (See Instructions)
self

Date
8/13/18

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

Amount of contribution (\$)
\$1000.00

Contributor address; City; State; Zip Code
3400 Carlisle 550
Dallas, TX 75204

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
08/19/18

Full name of contributor out-of-state PAC (ID#: _____)
Local Union 745

Amount of contribution (\$)
\$1000.00

Contributor address; City; State; Zip Code
1007 Jonelle
Dallas, TX 75217

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
09/02/18

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

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
PO Box 851635
Mesquite, TX 75185

Principal occupation / Job title (See Instructions)
journalist

Employer (See Instructions)
Fox TV

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: *7/9*

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

07/24/18

5 Full name of contributor

Ross Fogelman

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

Dallas, TX

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

unknown

Date

09/03/18

Full name of contributor

Pat Gallagher

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

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

*6339 Beaudaux
Dallas, TX 75209*

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

Date

07/24/18

Full name of contributor

MARIAN BROWN

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

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

*P O B O X 851635
Mesquite, TX 75185*

Principal occupation / Job title (See Instructions)

law enforcement

Employer (See Instructions)

Dallas County

Date

7/24/18

Full name of contributor

Carlos Quintanilla

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

Dallas, TX 75

Principal occupation / Job title (See Instructions)

activist

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: *8/9*

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

7/24/18

5 Full name of contributor

Shaun Rabb

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

*Box 851635
Mesquite, TX 75185*

8 Principal occupation / Job title (See Instructions)

journalist

9 Employer (See Instructions)

FOX TV

Date

7/24/18

Full name of contributor

Edwin/Janet Finn

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

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

*1721 Billingsly DR
Waxahachie, TX 75167*

Principal occupation / Job title (See Instructions)

law enforcement

Employer (See Instructions)

Dallas County

Date

7/24/18

Full name of contributor

Juan Jasso Campaign

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

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

*PO Box 3764
Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/24/18

Full name of contributor

Kayo Mullins

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

Amount of contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

*919 Thomasson DR
Dallas, TX 75208*

Principal occupation / Job title (See Instructions)

attorney

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: 9
2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)
4 Date 07/24/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad West	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1943 W. Colorado Blvd Dallas, TX 75208		
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) self
Date 07/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred/Sylvia Lagos	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 131 N. Montclair Dallas, TX 75208		
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions) unknown
Date 07/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Orozco	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5707 Vanderbilt Dallas, TX 75206		
Principal occupation / Job title (See Instructions) law enforcement		Employer (See Instructions) Dallas County
Date 07/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Bergara	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code Grand Prairie, TX		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1/2	
2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Ø	
5 Date 09/02/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KB Media	8 Amount of Contribution \$ 300.00	9 In-kind contribution description web services
7 Contributor address; City; State; Zip Code 939 Morning Side Grand Prairie, TX 75052		<input type="checkbox"/> 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 09/27/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B. E. G. Enterprise	Amount of Contribution \$ 400.00	In-kind contribution description + shirts
Contributor address; City; State; Zip Code 600 W Wheatland Rd Duncanville, TX 75116		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Businessowner		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**

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **0**

5 Date

07/24/18

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

M. Lupe GARZA

8 Amount of Contribution \$

266.35

9 In-kind contribution description

event

7 Contributor address; City; State; Zip Code

**133 N Riverfront
DALLAS, TX**

Check if travel outside of Texas. Complete Schedule T.

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

law enforcement

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

Dallas County

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.

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: <i>1/4</i>	2 FILER NAME <i>MARIAN BROWN</i>	3 Filer ID (Ethics Commission Filers)
--	-------------------------------------	---------------------------------------

4 Date <i>07/14/18</i>	5 Payee name <i>Citi</i>
---------------------------	-----------------------------

6 Amount (\$) <i>\$1000.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 6500 Sioux Falls, SD 57117</i>
-----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Credit card payment</i>	(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 <i>10/04/18</i>	Payee name <i>AT+T</i>
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Amount (\$) <i>133.49</i>	Payee address; City; State; Zip Code <i>PO Box 537104 Atlanta, Ga. 30353</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office/overhead</i>	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 <i>07/31/18</i>	Payee name <i>Camp Retail, Ltd.</i>
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Amount (\$) <i>1000.00</i>	Payee address; City; State; Zip Code <i>301. S. Sherman Richardson, TX 78081</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office rent</i>	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 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: 2/4	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 08/06/18	5 Payee name Reilly Echols Printing
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6 Amount (\$) \$1848.91	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expenses	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/02/18	Payee name Beyond the Slogan
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Amount (\$) \$ 7000.00	Payee address; City; State; Zip Code 4209 Parry Ave Dallas, TX
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/02/18	Payee name DCDP
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Amount (\$) 200.00	Payee address; City; State; Zip Code 4209 Parry Dallas, TX
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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
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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

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: <i>3/4</i>	2 FILER NAME <i>MARIAN BROWN</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>07/19/18</i>	5 Payee name <i>Bank of America</i>
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6 Amount (\$) <i>70.00</i>	7 Payee address; City; State; Zip Code <i>TOWN East Blvd Mesquite, TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>07/24/18</i>	Payee name <i>AT + T</i>
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Amount (\$) <i>68.88</i>	Payee address; City; State; Zip Code <i>P O BOX 537104 Atlanta, GA 30353</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office/overhead</i>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/04/18</i>	Payee name <i>Camp Retail</i>
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Amount (\$) <i>1200.00</i>	Payee address; City; State; Zip Code <i>301 S. Sherman Richardson, TX 78081</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Camp office Rent</i>	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 <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

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: <i>4</i>	2 FILER NAME <i>MARIAN BROWN</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>06-27-18</i>	5 Payee name <i>Da Uas County Democratic Party</i>	
6 Amount (\$) <i>\$5000.00</i>	7 Payee address; City; State; Zip Code <i>4209 Parry Ave. DALLAS, TX 75223</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>candidate contribution</i>	(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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 <u>ONLY</u> 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 (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 <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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>MARIAN BROWN</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>09/01/18</i>	5 Payee name <i>Camp Retail</i>
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6 Amount (\$) <i>\$1200.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3015. Sherman Richardson, TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office</i>	(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 <i>08/15/18</i>	Payee name <i>Citi</i>
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Amount (\$) <i>5000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P. O. Box 6500 Sioux Falls, SD 57117</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit card payment</i>	(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 <i>09/15/18</i>	Payee name <i>Citi</i>
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Amount (\$) <i>5000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Box 6500 Sioux Falls, SD 57117</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit card payment</i>	(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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