

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:

27

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

BY JOHN F. WARKEN
COUNTY CLERK
DALLAS COUNTY
DEPUTY
2020 JAN 15 PM 1:11

FILED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO BOX 4851635
Mesquite, TX 75185

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

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

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
07 / 15 / 19 THROUGH Month Day Year
01 / 14 / 20

11 ELECTION

ELECTION DATE

Month Day Year
03 / 03 / 2020

ELECTION TYPE

Primary Runoff Other Description
 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
<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	\$	0
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,916.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0
4. TOTAL POLITICAL EXPENDITURES	\$	19,442.00
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	4607.00
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	16,692.00

EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

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 15th day of January, 20 20, 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	\$ 14,878. ⁰⁰
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4038. ⁰⁰
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	\$ 19,422. ⁰⁰
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	\$ 3592. ⁰⁰
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
 3 Filer ID (Ethics Commission Filers)

2 FILER NAME

MARIAN BROWN

4 Date

11/29/19

5 Full name of contributor

Local Union 745

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

6 Contributor address;

1007 Jonelle St. Dallas, TX 75217

City; State; Zip Code

7 Amount of contribution (\$)

\$1000.00

8 Principal occupation / Job title (See Instructions)

-

9 Employer (See Instructions)

-

Date

12/31/19

Full name of contributor

Belinda Ddom Gaston

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

Contributor address;

7240 Ridge Park Ln. Dallas, TX 75232

City; State; Zip Code

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

Self

Date

11/9/19

Full name of contributor

M. G. Garza

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

Contributor address;

7100 Twisted Oaks Dr. Austin, TX 78745

City; State; Zip Code

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

law enforcement

Employer (See Instructions)

Dallas County

Date

9/7/19

Full name of contributor

Rabb, Shaun

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

Contributor address;

Box 851635, Mesquite, TX 75185

City; State; Zip Code

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Journalist

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:

3/9

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/19

5 Full name of contributor

Mark Vasquez

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)

9 Employer (See Instructions)

Date

11/18/19

Full name of contributor

Karen Jacobs

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

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

Dallas, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/19

Full name of contributor

Catalina Garcia

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

Dallas, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/19

Full name of contributor

Regina Montoya

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

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

Dallas, TX

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: *2/9*

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/19

5 Full name of contributor

Shaun Rabb

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

7 Amount of contribution (\$)

\$500.⁰⁰

6 Contributor address;

City; State; Zip Code

Box 851635, Mesquite, TX 75185

8 Principal occupation / Job title (See Instructions)

Journalist

9 Employer (See Instructions)

Date

10/5/19

Full name of contributor

Wyde + Associates

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

Amount of contribution (\$)

\$1000.⁰⁰

Contributor address;

City; State; Zip Code

10100 N. Central Expwy Dallas 75231

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self

Date

10/5/19

Full name of contributor

GARRISON of Freedom

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

Amount of contribution (\$)

\$1000.⁰⁰

Contributor address;

City; State; Zip Code

16800 Westgrove, Addison, TX 75001

Principal occupation / Job title (See Instructions)

-

Employer (See Instructions)

-

Date

11/22/19

Full name of contributor

Russell Wilson

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

Amount of contribution (\$)

750.⁰⁰

Contributor address;

City; State; Zip Code

Pacific Ave Dallas 75201

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: 4/9

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

11/14/19

5 Full name of contributor

Anthony Farmer

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

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

Zanque Dallas, TX

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

self

Date

11/25/19

Full name of contributor

David Barton

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

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

Dallas, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/26/19

Full name of contributor

Venton Jones

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

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1611 Stella Ave Dallas, TX 75216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/20/19

Full name of contributor

Geoff Henley

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

Amount of contribution (\$)

\$5000.00

Contributor address;

City; State; Zip Code

2520 Fairmount St 200 Dallas TX 75201

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: 5/9

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

12/5/19

5 Full name of contributor

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

Janie Bush

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City; State; Zip Code

10442 Brackbank Dallas, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/3/19

Full name of contributor

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

Language Ladders

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

kennarderic@gmail.com Dallas, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/19

Full name of contributor

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

Fadel El Hajj

Amount of contribution (\$)

\$108.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/19

Full name of contributor

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

Donna German

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

Dallas, TX

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: 6/9

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/19

5 Full name of contributor

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

Lavelle Hendricks

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

2203 Mangum St. Commerce TX 75428

8 Principal occupation / Job title (See Instructions)

PROFESSOR

9 Employer (See Instructions)

A + M Commerce

Date

12/3/19

Full name of contributor

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

Susie Hess

Amount of contribution (\$)

\$40.00

Contributor address;

City; State; Zip Code

2905 Clearwater Dr Mesq, TX

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

Date

12/3/19

Full name of contributor

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

Lisa McKnight

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4807 Gaston, Dallas, TX 75246

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Date

12/3/19

Full name of contributor

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

John Warren Campaign

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4311 Hampton, Grand Prairie TX

Principal occupation / Job title (See Instructions)

county clerk

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: 2/9

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
12/3/19

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
422 North St, Grand Prairie, TX

\$50.00

8 Principal occupation / Job title (See Instructions)
-

9 Employer (See Instructions)

Date
12/3/19

Full name of contributor out-of-state PAC (ID#: _____)
Ricky/Robbyn Carter

Amount of contribution (\$)

Contributor address; City; State; Zip Code
918 Greenway Dr Duncanville, TX

\$150.00

Principal occupation / Job title (See Instructions)
-

Employer (See Instructions)

Date
12/3/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2828 N. Harwood 1950 Dallas, TX 75201

\$200.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
self

Date
12/3/19

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

Amount of contribution (\$)

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

\$100.00

Principal occupation / Job title (See Instructions)
Law enforcement

Employer (See Instructions)
Dallas County

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

12/3/19

5 Full name of contributor

Ron Bivens

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

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City; State; Zip Code

901 Mockingbird Ln, De Soto TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/3/19

Full name of contributor

Jody Sheets

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2911 Turtle Ck Blvd Dallas, TX

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Sandra Coltris

Date

12/3/19

Full name of contributor

M. G. GARZA

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

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

7100 Twisted DAKS, Austin, TX

Principal occupation / Job title (See Instructions)

law enforcement

Employer (See Instructions)

Dallas County

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.

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
12/31/19

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

7 Amount of contribution (\$)

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

\$100.00

8 Principal occupation / Job title (See Instructions)
business owner

9 Employer (See Instructions)
self

Date
12/31/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
5707 Vanderbilt Ave Dallas, TX

\$50.00

Principal occupation / Job title (See Instructions)
Constable

Employer (See Instructions)
Dallas County

Date
12/31/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$160.00

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: 1/3

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ \$1542.00

8 Amount of Contribution \$ 771.00 9 In-kind contribution description Ad Expense

Check if travel outside of Texas. Complete Schedule T.

2 FILER NAME
MARIAN BROWN

5 Date 09/18/19
6 Full name of contributor out-of-state PAC (ID#: _____)
M. G. CARZA
7 Contributor address; City; State; Zip Code
7100 Twisted Oaks Austin, TX 78745

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

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

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

12 Contributor's principal occupation (FOR JUDICIAL)

14 Contributor's employer/law firm (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date 09/18/19
Full name of contributor out-of-state PAC (ID#: _____)
MARIAN BROWN
Contributor address; City; State; Zip Code
P.O. Box 851635 Mesquite, TX 75185

Amount of Contribution \$ 771.00 In-kind contribution description Ad Expense

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 job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's employer/law firm (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: 2/3

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ \$1846.00

5 Date
12/19/19

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

8 Amount of Contribution \$
\$500.00

9 In-kind contribution description
Ad Expense

7 Contributor address; City; State; Zip Code
939 Morningside Grand Prairie, TX 75052

Check if travel outside of Texas. Complete Schedule T.

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

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
12/3/19

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

Amount of Contribution \$
\$1346.00

In-kind contribution description
Fundraising Expense

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

Check if travel outside of Texas. Complete Schedule T.

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

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.

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

\$ **\$650.00**

5 Date
01/08/20

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

8 Amount of Contribution \$
\$300.00

9 In-kind contribution description
EVENT Expense

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

Check if travel outside of Texas. Complete Schedule T.

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

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

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
01/11/20

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

Amount of Contribution \$
\$350.00

In-kind contribution description
Food/Bev Polling Expense

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

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>112</u>	2 FILER NAME <u>MARIAN BROWN</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>07-31-19</u>	5 Payee name <u>Democracy Toolbox</u>	
6 Amount (\$) <u>\$1000.00</u>	7 Payee address; City; State; Zip Code <u>8552 Royal County Down McKinney, TX</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<u>Consult Fees</u>	<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 <u>8-31-19</u>	Payee name <u>Democracy Toolbox</u>	
Amount (\$) <u>\$2000.00</u>	Payee address; City; State; Zip Code <u>8552 Royal County Down McKinney, TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<u>Consult Fees</u>	<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 <u>8-31-19</u>	Payee name <u>Reilly Echols Printing</u>	
Amount (\$) <u>460.00</u>	Payee address; City; State; Zip Code <u>1710 Harwood St, Dallas TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<u>Printing Expense</u>	<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 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: <i>2/12</i>	2 FILER NAME <i>MARIAN BROWN</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9-6-19</i>	5 Payee name <i>GARLAND NAACP</i>
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6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>GARLAND, TX</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</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>9-16-19</i>	Payee name <i>Democracy Toolbox</i>
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Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>8552 Royal County Down McKinney</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</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>10-8-19</i>	Payee name <i>DCDP</i>
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Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>1414 N Washington DALLAS, TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	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
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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: 3/12 2 FILER NAME MARIAN BROWN 3 Filer ID (Ethics Commission Filers)

4 Date 10-8-19 5 Payee name TX PAC

6 Amount (\$) \$400.00 7 Payee address; City; State; Zip Code
2504 Summit DR.
Irving, TX 75062

8 PURPOSE OF EXPENDITURE
Ad Expense
(a) Category (See Categories listed at the top of this schedule)
(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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 10/11-19 Payee name M.D Associates
Amount (\$) \$300.00 Payee address; City; State; Zip Code
M.D. Love Frwy Dallas, TX

PURPOSE OF EXPENDITURE
Rental Expense
Category (See Categories listed at the top of this schedule)
Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date 10-22-19 Payee name Edwards + Patterson
Amount (\$) \$283,00 Payee address; City; State; Zip Code
203 S. Bethline
Irving, TX 75060

PURPOSE OF EXPENDITURE
Ad Fees
Category (See Categories listed at the top of this schedule)
Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: **4/12** 2 FILER NAME **MARIAN BROWN** 3 Filer ID (Ethics Commission Filers)

4 Date **10-31-19** 5 Payee name **Democracy Toolkit**

6 Amount (\$) **\$2000.00** 7 Payee address; City; State; Zip Code
**8552 Royal County Down
McKinney, Tx**

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
consult fees

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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 **11-9-19** Payee name **Shaun Rabb**

Amount (\$) **\$300.00** Payee address; City; State; Zip Code
**Box 851635
Mesquite, Tx 75185**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Polling Expense

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name _____ Office sought _____ Office held _____

Date **11-13-19** Payee name **DCDP**

Amount (\$) **\$1250.00** Payee address; City; State; Zip Code
**1414 N. Washington
Dallas, TX**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
fees

Description
 Check if travel outside of Texas. Complete Schedule T.
 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: 5/12 2 FILER NAME MARIAN BROWN 3 Filer ID (Ethics Commission Filers)

4 Date 11-29-19 5 Payee name U.S. Postal

6 Amount (\$) \$148.00 7 Payee address; City; State; Zip Code
E. Grubb St.
Mesquite, TX

8 PURPOSE OF EXPENDITURE
Overhead Expense
(a) Category (See Categories listed at the top of this schedule)
(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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 11-30-19 Payee name Democracy Toolbox
Amount (\$) \$2000.00 Payee address; City; State; Zip Code
8552 Royal County Down
McKinney, TX

PURPOSE OF EXPENDITURE
consult fees
Category (See Categories listed at the top of this schedule)
Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date 12-21-19 Payee name Eco Latino
Amount (\$) \$799.00 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE
Ad Expense
Category (See Categories listed at the top of this schedule)
Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete 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: <i>4/12</i>		2 FILER NAME <i>MARIAN BROWN</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-30-19</i>		5 Payee name <i>Reilly Echols Printing</i>			
6 Amount (\$) <i>\$1840.00</i>		7 Payee address; City; State; Zip Code <i>1710 S. Harwood, Dallas, TX</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</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	
Date <i>01-06-20</i>		Payee name <i>Democracy Toolbox</i>			
Amount (\$) <i>\$1000.00</i>		Payee address; City; State; Zip Code <i>8552 Royal County Down McKinney, TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consult fees</i>		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	
Date <i>01-06-20</i>		Payee name <i>IMessenger</i>			
Amount (\$) <i>\$1250.00</i>		Payee address; City; State; Zip Code <i>320 S.R.L. Thornton Fwy Dallas, TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense</i>		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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 3(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: 7/12		2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 Date 10-5-19		5 Payee name James Verdin			
6 Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Lancaster, Tx			
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 10-19-19		Payee name James Verdin			
Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Lancaster, Tx			
PURPOSE OF EXPENDITURE		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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 11-2-19		Payee name James Verdin			
Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Lancaster, Tx			
PURPOSE OF EXPENDITURE		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	
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: 8/12		2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 Date 11-9-19		5 Payee name James Verdin			
6 Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Lancaster, TX			
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 11-15-19		Payee name James Verdin			
Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Lancaster TX			
PURPOSE OF EXPENDITURE		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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-23-19		Payee name James Verdin			
Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Lancaster, TX			
PURPOSE OF EXPENDITURE		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	
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: 9/12		2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 Date 12-7-19		5 Payee name James Verdin			
6 Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Lancaster, TX			
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 12-14-19		Payee name James Verdin			
Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Lancaster, TX			
PURPOSE OF EXPENDITURE		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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 12-21-19		Payee name James Verdin			
Amount (\$) \$400.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Lancaster, TX			
PURPOSE OF EXPENDITURE		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	
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 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: <i>10/12</i>		2 FILER NAME <i>MARIAN BROWN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12-28-19</i>		5 Payee name <i>James Verdin</i>		
6 Amount (\$) <i>\$200.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>Lancaster, Tx</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>polling</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	

Date <i>01-04-20</i>		Payee name <i>James Verdin</i>		
Amount (\$) <i>\$400.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>Lancaster, Tx</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>polling</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	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought Office held	

Date <i>01-11-20</i>		Payee name <i>James Verdin</i>		
Amount (\$) <i>\$200.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>Lancaster, Tx</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>polling</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	
	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: 11/12		2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 Date 07-16-19		5 Payee name AT+T			
6 Amount (\$) \$113.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Box 537104 Atlanta, Ga 30353			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) overhead		(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 08/28-19		Payee name AT+T			
Amount (\$) \$228.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Box 537104 Atlanta Ga			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) overhead		(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 10-26-19		Payee name AT+T			
Amount (\$) 228.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Box 537104 Atlanta Ga			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) overhead		(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

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: 12		2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 Date 12-16-19		5 Payee name AT+T			
6 Amount (\$) \$108.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Box 537104 Atlanta Ga			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) overhead		(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 01-10-20		Payee name AT+T			
Amount (\$) \$115.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Box 537104 Atlanta Ga			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) overhead		(b) 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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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