

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: 9
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	NICKNAME LAST SUFFIX	OFFICE USE ONLY
	MARIAN	BROWN	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address	PO Box 851635 Mesquite Tx 75185

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(214) 458 6595

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	NICKNAME LAST SUFFIX	FILED
	VICTOR	VITAL	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	2100 Pearl DALLAS

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(214) 799-4800

9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			

10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/16/24		02/05/24

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	03/05/24	

12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
Sheriff	Sheriff

14 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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6500.
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2000.
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	\$ 5647.
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **3**

2 FILER NAME **MARIAN BROWN** 3 Filer ID (Ethics Commission Filers)

4 Date 01/19/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon Carter	7 Amount of contribution (\$) \$5000.00
6 Contributor address; City; State; Zip Code DALLAS		

8 Principal occupation / Job title (See Instructions) **attly** 9 Employer (See Instructions) **self**

Date 1/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Cherry	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code Duncanville, TX		

Principal occupation / Job title (See Instructions) **DR** Employer (See Instructions) **self**

Date 1/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Daniel	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code Duncanville TX		

Principal occupation / Job title (See Instructions) **DR** Employer (See Instructions) **self**

Date 1/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clyde Hairston	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Lancaster 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

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2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 01/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharla Wooten	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 1/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Thorpe Harris	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 1/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Barbour	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1060 Mansfield Duncanville		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 1/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Culver	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

01/25/24

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

Lydia Linda

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

Bow Creek Duncanville

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

—

Date

1/25/24

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

Derwin Broughton

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

Belmont Pl Duncanville

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Kai

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>MARIAN BROWN</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>1/25/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louis Rainy</i>	8 Amount of Contribution \$ <i>\$2000.00</i>	9 In-kind contribution description <i>event</i>
7 Contributor address; City; State; Zip Code <i>5. Cedar Ridge Duncanville</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>business owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>self</i>	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>MARIAN BROWN</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>01/19/24</i>	5 Payee name <i>I MA</i>	
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ads</i>	(b) Description <i>—</i>
	<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		
Date <i>01/27/24</i>	Payee name <i>Edmond Patterson</i>	
Amount (\$) <i>\$397.00</i>	Payee address; City; State; Zip Code <i>Irving TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad</i>	Description <i>—</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>02-01-24</i>	Payee name <i>Nealy Group</i>	
Amount (\$) <i>\$5000.00</i>	Payee address; City; State; Zip Code <i>5600 Lewis Dallas</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Polling</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 <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 02-04-24	5 Payee name Barbara Steele
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 12740 Hillcrest Dallas
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consult	(b) Description
	(c) <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 02-03-24	Payee name Marina Ruiz
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Amount (\$) \$600.00	Payee address; City; State; Zip Code Whisper Oaks Dallas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consult	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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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	

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