

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: 29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MARIAN	OFFICE USE ONLY Date Received 2023 JUL 13 PM 2:22 RECEIVED COUNTY CLERK DALLAS, TEXAS SD	
	NICKNAME LAST SUFFIX BROWN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 851635 Mesquite, Tx 75185		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 4586595	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI VICTOR	Receipt # Amount \$	
	NICKNAME LAST SUFFIX Vital	Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2121 Pearl St Dallas, Tx 75201		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 799-4800		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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 / 15 / 23 THROUGH 07 / 15 / 23		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 03 / 05 / 24 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Sheriff	13 OFFICE SOUGHT (if known) Sheriff	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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"/> GENERAL	COMMITTEE NAME	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,310.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 9965.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,254.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARIAN BROWN, this the 13 day of July, 20 25, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

LATONYA ROBINSON

Printed name of officer administering oath

PARALEGAL

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	\$ 32,310.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3000.00
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	\$ 9601.00
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	\$ 364.00
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

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:

2/15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/23/23

5 Full name of contributor

Geoff Henley

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

7 Amount of contribution (\$)

5000.00

6 Contributor address;

2520 Fairmount DLS

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

attorney

9 Employer (See Instructions)

self

Date

5/23/23

Full name of contributor

Mary Henley

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

Amount of contribution (\$)

25.00

Contributor address;

2520 Fairmount DLS

City; State; Zip Code

Principal occupation / Job title (See Instructions)

business

Employer (See Instructions)

Henley Properties

Date

5/16/23

Full name of contributor

Kim Titus

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

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/23

Full name of contributor

Jamie Bush

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

Amount of contribution (\$)

50.00

Contributor address;

10442 Brockbank DLS

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

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:

2/15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

03/15/23

5 Full name of contributor

Lisa Blue

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

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

5956 Sherry Ln, Dallas

8 Principal occupation / Job title (See Instructions)

attorney

9 Employer (See Instructions)

self

Date

3/25/23

Full name of contributor

Russell Wilson

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

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

1910 Pacific DLS

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

3/25/23

Full name of contributor

Anthony Farmer

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

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

Sunnyvale

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

3/20/23

Full name of contributor

Ron Kirk

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

6342 Mercedes Ave DLS

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

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:

3/15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/
23

5 Full name of contributor

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

Helen Giddings

7 Amount of contribution (\$)

500.⁰⁰

6 Contributor address;

City;

State;

Zip Code

400 N Zang DLS,

8 Principal occupation / Job title (See Instructions)

business owner

9 Employer (See Instructions)

self

Date

4/7/
23

Full name of contributor

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

Toby Shook

Amount of contribution (\$)

1500.⁰⁰

Contributor address;

City;

State;

Zip Code

Hermoso, Dallas

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

04/7/
23

Full name of contributor

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

Matthew Lagos

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

Date

4/14/
23

Full name of contributor

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

Amir Rupani

Amount of contribution (\$)

2500.⁰⁰

Contributor address;

City;

State;

Zip Code

Harry Hines Dallas

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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:

4/15

2 FILER NAME *MARIAN BROWN*

3 Filer ID (Ethics Commission Filers)

4 Date
5/3/23

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

Date
5/3/23

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1001 Waldrop Arlington

Principal occupation / Job title (See Instructions)

physician

Employer (See Instructions)

self

Date
5/2/23

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

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

213 Balboa Irving

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

Date
5/2/23

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

Dallas

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

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:

5/15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/23

5 Full name of contributor

Sheila Lucas

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

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/23

Full name of contributor

Dan JACKS

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

Amount of contribution (\$)

50.⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/23

Full name of contributor

Pamela Bell

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

Amount of contribution (\$)

50.⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/23

Full name of contributor

Raymond Williams

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

Amount of contribution (\$)

500.⁰⁰

Contributor address;

City;

State;

Zip Code

133 N Riverfront D/s

Principal occupation / Job title (See Instructions)

Law enforcement

Employer (See Instructions)

Dallas, County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

6/15

2 FILER NAME

MAHAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/26/23

5 Full name of contributor

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

Jeff Tillotson

7 Amount of contribution (\$)

5000.00

6 Contributor address;

City;

State;

Zip Code

1807 Ross Ave, DLS

8 Principal occupation / Job title (See Instructions)

attorney

9 Employer (See Instructions)

self

Date

5/2/23

Full name of contributor

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

John Proctor

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

1524 Oak Meadow Dallas

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

self

Date

5/2/23

Full name of contributor

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

Jocelyn McMurray

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1029 Standford Lewisville TX

Principal occupation / Job title (See Instructions)

unk

Employer (See Instructions)

Date

5/2/23

Full name of contributor

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

JAMES SPENCER

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

133 N. Riverfront DLS

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

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:

7/15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/23

5 Full name of contributor

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

Willis Johnson

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

1001 Belleview Dls

8 Principal occupation / Job title (See Instructions)

business owner

9 Employer (See Instructions)

self

Date

5/2/23

Full name of contributor

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

Ron Mc Callum

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3110 Webb Ave Dls

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

Date

5/2/23

Full name of contributor

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

C.W. Whitaker

Amount of contribution (\$)

7100.00

Contributor address;

City;

State;

Zip Code

2130 Oak Valley Dls

Principal occupation / Job title (See Instructions)

businessman

Employer (See Instructions)

self

Date

5/2/23

Full name of contributor

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

Marcia/JB Mainord

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

4702 Westey Greenville Tx

Principal occupation / Job title (See Instructions)

unknown

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

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:

8/15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/23

5 Full name of contributor

Mary Barney

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

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address;

7417 Axminster Pls

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

unk

9 Employer (See Instructions)

-

Date

5/2/23

Full name of contributor

Geoff Schorn

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

Amount of contribution (\$)

250.⁰⁰

Contributor address;

328 W. I-30 Garland, TX

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

5/2/23

Full name of contributor

Theresa Daniel

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

Amount of contribution (\$)

100.⁰⁰

Contributor address;

2228 Springhill D15

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Commissioner

Employer (See Instructions)

Dallas County

Date

5/2/23

Full name of contributor

Michael Orozco

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

Amount of contribution (\$)

100.⁰⁰

Contributor address;

500 Elm St, D15

City;

State;

Zip Code

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

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: **9/15**

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
5/2/23

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
6801 Wild Ridge, Plano

500.00

8 Principal occupation / Job title (See Instructions)
business

9 Employer (See Instructions)
self

Date
5/2/23

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6734 Tamadge, Dls

100.00

Principal occupation / Job title (See Instructions)
Physician

Employer (See Instructions)
-

Date
5/2/23

Full name of contributor out-of-state PAC (ID#: _____)
GARY/Chris McDaniel

Amount of contribution (\$)

Contributor address; City; State; Zip Code
133N Riverfront Dls

500.00

Principal occupation / Job title (See Instructions)
law enforcement

Employer (See Instructions)
Dallas County

Date
5/2/23

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1714 Windmill Hill DeSoto

250.00

Principal occupation / Job title (See Instructions)
unknown

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

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:
10/15

2 FILER NAME

MARGAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/23

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

1210 Harvest Hill Lanc.

100.00

8 Principal occupation / Job title (See Instructions)

Mayor

9 Employer (See Instructions)

City of Lancaster

Date

5/2/23

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2346 Douglas DLS

150.00

Principal occupation / Job title (See Instructions)

Treasurer

Employer (See Instructions)

Dallas County

Date

5/2/23

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

133 N. Riverfront DLS

250.00

Principal occupation / Job title (See Instructions)

Law enforcement

Employer (See Instructions)

Dallas County

Date

5/2/23

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

- Dallas

100.00

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

11/15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/23

5 Full name of contributor

Tim Duke

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

DALLAS

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

Date

5/2/23

Full name of contributor

Debbie Branson

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

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

DALLAS

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Date

5/2/23

Full name of contributor

Dee Flanary

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

DALLAS

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

Date

5/2/23

Full name of contributor

Stephen Kennedy

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

DALLAS

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

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:

12/15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/1/23

5 Full name of contributor

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

Robert Kelsoe

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

Dallas

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

self

Date

5/1/23

Full name of contributor

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

Henry Curry

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

500 Elm St Dallas

Principal occupation / Job title (See Instructions)

Law enforcement

Employer (See Instructions)

Dallas County

Date

5/1/23

Full name of contributor

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

Eddie Brown

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

500 Elm St. Dallas

Principal occupation / Job title (See Instructions)

Law enforcement

Employer (See Instructions)

Dallas County

Date

5/1/23

Full name of contributor

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

Shawn Rabb

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

Box 851635 Mesq TX

Principal occupation / Job title (See Instructions)

Journalist

Employer (See Instructions)

KDFW

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

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:
13/15
3 Filer ID (Ethics Commission Filers)

2 FILER NAME
MARIAN BROWN

4 Date
5/1/23

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

6 Contributor address; City; State; Zip Code
First Ave. GARLAND

7 Amount of contribution (\$)
50.00

8 Principal occupation / Job title (See Instructions)
Law enforcement

9 Employer (See Instructions)
Dallas County

Date
4/30/23

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

Contributor address; City; State; Zip Code
—

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)

Date
4/30/23

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

Contributor address; City; State; Zip Code
—

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)

Date
4/30/23

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

Contributor address; City; State; Zip Code
—

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)
unknown

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

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:

14/15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

4/30/23

5 Full name of contributor

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

Tsuki Brooks

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

Date

4/28/23

Full name of contributor

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

Jeffrey Simon

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

Dallas

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

4/25/23

Full name of contributor

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

David Kent

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/23

Full name of contributor

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

Debra Daily

Amount of contribution (\$)

2500.00

Contributor address;

City;

State;

Zip Code

DALLAS

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

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:

15

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/23

5 Full name of contributor

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

Ladd Sanger

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

DALLAS

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/23

Full name of contributor

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

unknown

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/16/23

Full name of contributor

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

Shaun Rabb

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

Box 851635 Mesq.

Principal occupation / Job title (See Instructions)

Journalist

Employer (See Instructions)

KDFW

Date

2/18/23

Full name of contributor

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

Shaun Rabb

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

Box 851635 Mesquite

Principal occupation / Job title (See Instructions)

Journalist

Employer (See Instructions)

KDFW

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: <u>1</u>
2 FILER NAME <u>MARIAN BROWN</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <u>05/20/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lisa Blue</u>	8 Amount of Contribution \$ <u>1500.00</u> 9 In-kind contribution description <u>event</u>
7 Contributor address; City; State; Zip Code <u>5956 Sherry Dallas</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>atty</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>self</u>
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 <u>05/02/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeff Tillotson</u>	Amount of Contribution \$ <u>1500.00</u> In-kind contribution description <u>event</u>
Contributor address; City; State; Zip Code <u>1807 Ross Ave D15</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>atty</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>self</u>
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: 1/9		2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 Date 01-16-23		5 Payee name Community MBC			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 200 Beltline Desoto TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date 01/16-23		Payee name League/Women Voters			
Amount (\$) 250.00		Payee address; City; State; Zip Code DALLAS, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date 01-16-23		Payee name Interdenominational Ministerial Alliance			
Amount (\$) 150.00		Payee address; City; State; Zip Code Dallas, Tx			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 39	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 01-29-23	5 Payee name Democracy Tool box
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6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 8552 Royal County Downs McKinney Tx.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consult	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02-09-23	Payee name Living Legends
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Amount (\$) 150.00	Payee address; City; State; Zip Code 901 Mockingbird Desoto, Tx
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad	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 02-09-23	Payee name Living Legends
------------------	------------------------------

Amount (\$) 1160.00	Payee address; City; State; Zip Code 901 Mockingbird Desoto, Tx
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	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: 3/9		2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 Date 03-27-23		5 Payee name Beyond the Slogan			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 8552 Royal County Downs			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 03-02-23		Payee name Atkins for Council			
Amount (\$) 200.00		Payee address; City; State; Zip Code 2717 Meadow Stone, Dallas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contrib. to Candidate		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				
Date 03-11-23		Payee name Democracy To 101boy			
Amount (\$) 150.00		Payee address; City; State; Zip Code 8552 Royal County Downs			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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: 4/9	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 03-23-23	5 Payee name Reilly Echols
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6 Amount (\$) 215.00	7 Payee address; City; State; Zip Code 1710 Harwood, Dallas
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing	(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 03-20-23	Payee name DCDP
------------------	--------------------

Amount (\$) 100.00	Payee address; City; State; Zip Code 1408 N. Washington Dallas
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 04-10-23	Payee name Democracy Toolbox
------------------	---------------------------------

Amount (\$) 1000.00	Payee address; City; State; Zip Code 8552 Royal County Downs, McKinney
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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
---	-------------------------------	---------------	-------------

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: 5/9		2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 Date 04-24-23		5 Payee name Our Redeemer			
6 Amount (\$) 190.00		7 Payee address; City; State; Zip Code 7611 Park Ln Dallas			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(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 04-24-23		Payee name Keith Bilbrey			
Amount (\$) 500.00		Payee address; City; State; Zip Code Grand Prairie, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contract		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 05-01-23		Payee name Democracy Toolbox			
Amount (\$) 350.00		Payee address; City; State; Zip Code 8552 Royal County Downs McKinney			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6/9	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
4 Date 05-17-23	5 Payee name New Hope B.C.	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 5002 S. Central Expwy Dallas	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad	(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 06-05-23	Payee name Democratic Monthly	
Amount (\$) 3500.00	Payee address; City; State; Zip Code 4100 Spring Valley 475 Dallas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ads	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 06-10-23	Payee name Walgreen's	
Amount (\$) 39.00	Payee address; City; State; Zip Code 1500 Tow East Mesquite	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7/9	2 FILER NAME MARGAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 06-12-23	5 Payee name Nanify
--------------------	------------------------

6 Amount (\$) 247.00	7 Payee address; City; State; Zip Code 280 West 900 North Springfield Ut
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06-15-23	Payee name Nanify
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Amount (\$) 58.00	Payee address; City; State; Zip Code 280 West 900 North Springfield Ut
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense	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 06-21-23	Payee name Reilly Echols
------------------	-----------------------------

Amount (\$) 254.00	Payee address; City; State; Zip Code 1710 Harwood Dallas
-----------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5/9	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 06-19-23	5 Payee name Arts District Park
--------------------	------------------------------------

6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code Ross Ave Dallas
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(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 02-07/23	Payee name Bank of America
------------------	-------------------------------

Amount (\$) 96.00	Payee address; City; State; Zip Code 1500 TOWN EAST Mesquite
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) see-banking	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 06-08-23	Payee name AT+T
------------------	--------------------

Amount (\$) 91.00	Payee address; City; State; Zip Code Box 5093 Carol Stream IL
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 9	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 07-11-23	5 Payee name AT+T
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6 Amount (\$) 91.00	7 Payee address; City; State; Zip Code Box 5093 Carol Stream, IL
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office	(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	Payee name
------	------------

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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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
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: 1	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 02-05/23	5 Payee name A T+T
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6 Amount (\$) \$364.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Box 5093 Carol Stream, IL
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <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