STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

FILED 2026 FEB -3 PM 12: 50
BY GLEN P. WARREN COUNTY CLERK DALLAS COUNTY DEPUTY

3 CANDIDATE NAME	MS / MRS / (MR)	FIRST Eddie	MI
	NICKNAME	LAST Brown	SUFFIX Jr

Date Received

4 CANDIDATE ADDRESS ☐ Change of Address	ADDRESS / PO BOX; PO Box 120	APT / SUITE #;	CITY; Cedar Hill	STATE; TX	ZIP CODE 75106

5 CANDIDATE PHONE	AREA CODE (214)	PHONE NUMBER 538 1974	EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / (MR)	FIRST Eddie	MI
	NICKNAME	LAST Brown	SUFFIX Jr

Receipt #	Amount $

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 106 W. Church St	APT / SUITE #;	CITY; Grand Prairie	STATE; TX	ZIP CODE 75050

Date Processed

Date Imaged

8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 538-1974	EXTENSION

9 REPORT TYPE

☐ January 15   ☑ 30th day before convention / election   ☐ Runoff

☐ July 15   ☐ 8th day before convention / election   ☐ Final report (Attach SC C/OH - FR)

10 PERIOD COVERED	Month 01	Day 01	Year 2026	THROUGH	Month 01	Day 22	Year 2026

11 CONVENTION / ELECTION DATE	Month 3	Day 3	Year 26	**12 OFFICE SOUGHT** Constable Pct 4	☐ STATE CHAIR ☐ COUNTY CHAIR

13 POLITICAL PARTY	COUNTY (If Applicable) Democrat

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT

15 CANDIDATE NAME

Eddie Brown Jr

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 500
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 100
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 SIGNATURE   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.

Eddie RJ
Signature of Candidate

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _Eddie Brown Jr_____, and my date of birth is _04/01/1977_.

My address is _PO Box 1201_____, _Cedar Hill_, _Tx_, _75050_, _US_.
                              (street)   (city)   (state)   (zip code)   (country)

Executed in _Dallas_____ County, State of _Texas___, on the _3rd_ day of _Feb_____, 20 _26_.
                                                                              (month)   (year)

Signature of Candidate (Declarant)

SUBTOTALS - SC C/OH

19.	CANDIDATE NAME	20. Filer ID (Ethics Commission Filers)
	Eddie Brown Jr	

21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ ∅
2.	☐	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ ∅
4.	☐	SCHEDULE E: LOANS	$ ∅
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ ~~∅~~ 500
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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 Eddie Brown Jr	3 Filer ID (Ethics Commission Filers)

4 Date 1/16/26	5 Payee name Nielsen	

6 Amount ($) 500	7 Payee address; 2221 E Lamar Blvd ☐ Check if individual's residence address.	City; Arlington	State; TX	Zip Code 76006

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Advertising Expense	**(b)** Description AD

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Eddie Brown Jr	Office sought Constable PCT4	Office held Constable PCT41

Date	Payee name		

Amount ($)	Payee address; ☐ Check if individual's residence address.	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		

Amount ($)	Payee address; ☐ Check if individual's residence address.	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	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 <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