CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Eddic	MI	OFFICE USE ONLY
NAME	NICKNAME	Brown	SUFFIX	Date Received 25
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		Church St Prairie TX	CITY: STATE. ZIP CODE	TO AM III
5 CANDIDATE/ OFFICEHOLDER PHONE	(214) 1	PHONE NUMBER 51 - 4065	EXTENSION	Date Hand-delivered or are Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	AKiah	MI	Receipt # Amount \$ Date Processed
	NICKNAME	Johnson - 1	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE): APT / SU		STATE: ZIP CODE 75137
8 CAMPAIGN TREASURER PHONE	AREA CODE (214) 6	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH (Day Year 30 / 202-1
11 ELECTION	Month Day	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	2 1 (1	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE CONSENT. CANDIDATES	EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE CAMPAICAL TREA	ACHIDED MAME	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		\$
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	BUTIONS NS. OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDI	TURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTI OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	ST DAY \$ O due to Services
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF	F THE \$
	wear, or affirm, under penalty of perjury, the		e and correct and includes all information
rec	quired to be reported by me under Title 15, Ele	ection Code.	
		9/	
		Signature of Ca	ndidate or Officeholder
	Diago commi	ata aithau antian halaw	
	Please comple	ete either option below	<i>7.</i>
(1) Affidavit	TASHEZ REDIC Notary ID #130217059 My Commission Expires June 9, 2027		
NOTARY STAMP/SEAL	1	_	(
Sworn to and subscribed	before me by Flace Brow	vn Fr. this the	15Th day of JANUARY
20 25 , to certify	which, witness my hand and seal of office.		
Jash zde	dia Tashez	Redic	Notarn
Signature of officer administer	ring oath Printed name of office	er administering oath	Title of officer administering oath
	Company of the second	OR	Contract to the second
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	·
My address is			
	(street)		tate) (zip code) (country)
Executed in	County, State of	, on the day of	, 20 (vear)
		(month	/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Eddie Brown Jr		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 6
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ -
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$.
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$.
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	ITIONS RETURNED	\$ 0

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	1 Total pages Schedule A1:		
2	FILER NAME	Eddie Brown	ZV		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	_	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
		Contributor address;		State; Zip Code	
	Principal occur	ation / Job title (See Instructions)		Employer (See Instruct	tions)
	Date	Full name of contributor		(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)

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.

	Tł	ne Instruction Guide explains how to complete this for	m.		1 Total pages Schedule A2:
2	FILER NAM	Eddie Brown Jr			3 Filer ID (Ethics Commission Filers)
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUT	IONS	\$
5	Date	6 Full name of contributor out-of-state PAC (ID#:			8 Amount of Gontribution \$ 9 In-kind contribution description
		7 Contributor address; City; State;	Zip (Code	Check if travel outside of Texas. Complete Schedule T.
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11	Employe	er (FOR NON-JUDICIAL)(See Instructions)
12	Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firm	n 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)	Amount of In-kind contribution description
		Contributor address; City; State;	Zip (Code	Check if travel outside of Texas. Complete Schedule T.
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	er (FOR NON-JUDICIAL)(See Instructions)
	Contributor's	principal occupation (FOR JUDICIAL)		Contribu	tor'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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

т	he Instruction Guide explains how to complete this	form.	1 Total pages Sched	lule B:
2 FILER NAM	lie Brown Jr		3 Filer ID (Ethics C	Commission Filers)
	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; Sta			
			Check if travel outs	ide of Texas. Complete Schedule T
0 Principal oc	ccupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
				de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ite; Zip Code		
5		Employer (See		de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		
				de of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME Eddie Brown	J	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
A NIO	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution? 8 Lender address; City;	State; Zip Code	10 Interest rate
YN		11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral none	Check if personal fun account (See Instruction	ds were deposited into political tions)
16 GUARANTOR INFORMATION Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; not applicable	State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
to NA	PAC (ID#:)	Loan Amount (\$)
Is lender Lender address; City; a financial	State; Zip Code	Interestrate
Institution? Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	1
ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	EDED

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Eddie Brown Jr		3 Filer ID (Ethics Commission File	rs)	
4 Date	5 Payee name N A				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	r living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name N A				
Amount (\$)	Payee address;	City;	State; Zip Code		
8					
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	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name N				
Amount (\$)	Payee 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gft/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

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

Candidate/Officeholder/Politica		Other (enter a category not listed above)
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F2:	2 FILERNAME Eddie Brown Ir	3 Filer ID (Ethics Commission Filers)
	•	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	
	NIA	
7 Amount (\$)	8 Payee address; City;	State; Zip Code
0		
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE		
OF EXPENDITURE		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if A	austin, TX, officeholder living expense
11 Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held
expenditure to benefit C/OH		Office held
Data	Payee name	
Date	N A	
Amount (\$)	Payee address; City;	State; Zip Code
8		
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE		
OF EXPENDITURE		
	Check if travel outside of Texas, Complete Schedule T. Check if	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held
expenditure to benefit C/OH		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED
	AT IASH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedu	le F3:
2 FILER NAME	Eddie Brown Jr	3 Filer ID (Ethics Com	nmission Filers)
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; City	; State	: Zip Code
	7 Description of investment		
	8 Amount of investment (\$)		
	Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	NIA		
	Address of person from whom investment is purchased; City		; Zip Code
	Description of investment		
	Amount of investment (\$)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Ma Candidate/Officeholder/Po			Salaries	Expense s/Wages/Contract USE A NEW I			y not listed above) O ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Eddie	Brow-	Ju		3 FILE	R ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO	A CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institu	ution					
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cre	edit Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee ac	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this scho	edule)	(b) Description	n		
Political Non-Political	(c) Check if travel ou	itside of Texas. Comple	te Schedule T.		Check if Austin, TX, offic	eholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Cre	dit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)		dule)	(b) Description	1		
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, office	ceholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cre	dit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this sche	dule)	(b) Description	1.		
Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, of	ficeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
	ATTACH ADDIT	FIONAL COPIES	S OF THIS	SCHEDULE	AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought 9 Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Office Overhead/Rental Expense Accounting/Banking Fees 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 H: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Brown T 4 Date Business name N 6 Amount (\$) 7 Business address City: State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Rusiness name Date NIA Business address: Zip Code Amount (\$) City; State: Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Business name Date Amount (\$) Business address; State: Zip Code City; Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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 I:	2 FILER NAME Facile Brown JV 5 Payee name		3 Filer ID (Ethics C	ommission Filers)		
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City	State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se required.)	e instructions regarding type o	f information		
Date	Payee name N (A					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type o	finformation		
Date	Payee name N I A					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	a instructions regarding type of	information		
Date	Payee name N (A					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	a instructions regarding type of	information		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:		
2 FILER NAME	Eddie Brown Jr	3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Name of person from whom amount is received	e; Zip Code	8 Amount (\$)	
	7 Purpose for which amount is received Check if p	political contribution	returned to filer	
Date	Name of person from whom amount is received N A Address of person from whom amount is received; City; Sta	te; Zip Code	Amount (\$)	
	Purpose for which amount is received Check if p	political contribution	returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State		Amount (\$)	
	Purpose for which amount is received Check if p	political contribution	returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State	te; Zip Code	Amount (\$)	
	Purpose for which amount is received	olitical contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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

		·			
The Instruction Guid	e explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME Eddie	Brown Jr	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
NIA					
5 Contribution / Expenditure reporter	d on:				
Schedule A2 Sch	edule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	edule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of person(s) traveling					
8 Departu	8 Departure city or name of departure location				
9 Destination city or name of destination location					
10 Means of transportation	11 Purpose of travel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported	don:				
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2 Sch	edule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destinat	Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedu	le B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedu		Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destinat	on city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					