CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/	MS / MRS / MR	FIRST	MI			
OFFICEHOLDER	M 0	E 110		OFFICE USE ONLY		
NAME	m.R.	Eddie	• • • • • • • • • • • • • • • • • • • •	Date Received		
	NICKNAME	DLAST	SUFFIX			
		Drown	Jr	202		
4 CANDIDATE /	ADDRESS / PO BO		CITY; STATE; ZIP CODE	ZOZ3 JAN JUH COUN DALL		
OFFICEHOLDER	POBOX	31051 Codas	Hill T+ 75106	ACCO A		
MAILING ADDRESS	10 00	- Cellin	Mai 17 12122	AND WHITE		
				S7.7.		
Change of Address				802		
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand delivered or Date Postmarked		
OFFICEHOLDER PHONE	(214)5	20 107.1		5 7 K 6 0		
PHONE	(017 / 0	38 1974		Receip # Amount \$		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	weens "		
TREASURER	MRS	Akiah		Date Processed		
NAME	NICKNAME	LAST	SUFFIX	Date 1 1000300		
	1.0.2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	60000000	1900 years (1900)	Date Imaged		
		Johnson-	te this			
7 CAMPAIGN		(NO PO BOX PLEASE); APT / SU	(A)	STATE; ZIP CODE		
TREASURER	1334 Bu	riasmeade DR	Duncanulla	T+ 75137		
ADDRESS	, (,-	7-1-	. Doctor Charles	, , , , , , , , , , , , , , , , , , , ,		
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER				*5		
PHONE	(a14) 1	241- 4590				
	101 / 0	171- 7590				
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before elect	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	Month	Day Year		
COVERED	n.	1 /2020	THROUGH 12	131/2002		
				7,000		
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE			
	Month Day Year Primary Runoff Other					
	11 /00	General	Description			
	11 /00/	2032 General				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
12 OFFICE	OFFICE FICES (II a)			2000 W W W		
			Constable	PCTY		
14 NOTICE FROM	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTIONS AC	CCEPTED OR POLITICAL EXPENDITURES MA	DE BY POLITICAL COMMITTEES TO SUPPORT		
POLITICAL	CONSENT. CANDIDATES	SEHOLDER. THESE EXPENDITURES IN SAND OFFICEHOLDERS ARE REQUIRE	MAY HAVE BEEN MADE WITHOUT THE CANDI D TO REPORT THIS INFORMATION ONLY IF TH	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
		SS Transferring accepts of State approves				
	CENERAL	COMMITTEE ADDRESS				
Additional Pages	GENERAL					
	COMMITTEE CAMPAIGN TREASURER NAME					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS			
		00.70.7	4050			
		GO TO P	AGE 2	1		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Edd	ie Brown Jr	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	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)	\$ 1,425.60					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,300					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 244.30					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$					
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. Signature of Candidate or Officeholder							
Please complete either option below:							
(1) Affidavit NOTARY STAMP/SEAL Sworm to and subscribed before me byEddie Brown JW this the day of day of day of							
~ ~	pefore me by <u>Eddie Brown JR</u> this the <u>I</u> which, witness my hand and seal of office.	day of GOV,					
Signature of officer administeri	Me M. Keterson	Clerk III					
Signature of officer administers	ng oath Printed name of officer administering oath OR	Title of officer administering oath					
(2) Unsworn Declaratio							
(2) 3.1311 3.11 2 3314 4110							
My name is	, and my date of birth is						
My address is							
Executed in	(street) (city) (state of, on the day of (month)	e) (zip code) (country), 20 (year)					
	Signature of Candidate	e/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	- I ICCIVITATION	nmission Filers)	
	Eddie Brown J		
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	s	\$1,425.60
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL C	CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FRO	OM POLITICAL CONTRIBUTIONS	\$ 1,300
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE	FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CA	RD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FRO	M PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CON	TRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FR	OM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, TO FILER	AND CONTRIBUTIONS RETURNED	\$

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 FILER NAME Eddie Brown Jr	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:) Ebony Mckinney 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 950-10
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5elf employer	
Date Full name of contributor Out-of-state PAC (ID#:) Elony McKinney Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employer	
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

If contributor 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (epiter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Eddie Brown J		3 Filer ID (Ethics Commission Filers)			
4 Date 11 19 2028	Eddie Brown J 5 Payee name Hersty Hammons	111				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
4 1300						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food Beverage expense	Food				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
50000000000000000000000000000000000000	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 he expenditure to benefit C/OH			Office held			
Date	Payee name					
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 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling Exper by Gift/Awards/Memorials Expense Printing Exper al Committee Legal Services Salaries/Wag	ense es/Contract Labor	Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	
	The Instruction Guide explains how to com	nplete this form.		
1 Total pages Schedule F4:	2 FILERNAME Eddie Brown Jr		3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRE	DITCARD	\$	
5 Date	6 Payee name 1 Ne Emera lel Cen 8 Payee address;	ter		
7 Amount (\$)	8 Payee address; 1504 Osprey Dr	City; Desoto	State;	Zip Code 75115
9 TYPE OF EXPENDITURE	Political Non-Politic	cal		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event expense			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Offic	e sought	Office he	ld
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Politic	cal		
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 Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	e sought	Office hel	d
	e			
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEE	DED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.							
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	С/ОН		2 Filer ID (Ethics Commission Filers)					
	E	iddie Brown Jr						
3	SIGN	ATURE						
	I do no	t expect any further political contributions or political expenditures in connection with m	v candidacy. Lunderstand that					
	design	ating a report as a final report terminates my campaign treasurer appointment. I also use an contributions or make any campaign expenditures without a campaign treasurer appointment.	nderstand that I may not accept any					
		Signatur	re of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	k only one:						
		I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain							
	unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	B.	ASSETS						
	Chec	conly one:						
I do not retain assets purchased with political contributions or interest or other income from political contributions.			from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political	income from political contributions to					
	la	requirements of Election Code, § 254.204.						
		Sign of the state	gnature of Candidate					
		EHOLDER Diete this section only if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, a an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	fter filing the last required report as					
		Sigr	nature of Officeholder					



Filer name

(1) Affidavit

Eddie

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2022, a candidate or officeholder who has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY				
ared or Date Postmarked Amount \$				

1. I swear or affirm that I have not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.

Filer ID #

- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>January Seminime</u> of the on <u>IIII 23</u> I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

			/ /				
Sworn to and subscribed before me by	M. PETERSON Notary ID # 3957935 y Commission Expires	25 WW 3	$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	Signature 3 the	of Filer	Qu	<u>~</u>
20 , to certify which, witness my l		etenso			Cleve Title of officer	UK administr	aring oath
		OR			NOTES OF		
(2) Unsworn Declaration							
My name is		, and	my date of bi	rth is			·
My address is(st	reet)		(city)	(state)	(zip code)	(countr	y) .
Executed in County,	State of	, on the	day of	(month)	, 20 (year)		
		-	Sig	nature of File	er (Declarant)		
FILERS WHO ARE	EXEMPT FROM TH	IE ELECTRO	NIC FILING	G REQUIR	EMENT		