CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS MAR 3 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME LAST SUFFIX Brown T 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE # ZIP CODE **OFFICEHOLDER** POBOX 3651 Cedar Hill To 75106 MAILING **ADDRESS** Change of Address AREA CODE **5 CANDIDATE/** PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) 538 PHONE Receipt # Amount \$ MS/MR/MR 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged Pettis STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE TREASURER 1334 Brannlade TH 75137 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE (a,4) 641-4596 9 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) Runoff July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED THROUGH 11 ELECTION ELECTION TYPE Runoff Other Year General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 2 **CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Fddie Brown 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 250.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS \$ TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS 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. Signature of Candidate or Officeholder Please complete either option below: Deatrice E Kirk My Commission Expires ID No. 128563794 NOTARY STAMP/SEAL Sworn to and subscribed before me by EDDIE BROWN JR. this the 7th day of November 20 22 Accertify which, witness my hand and seal of office. Clarify the County of the DEATRICE E. KIRK Campitation Man DEATRICE E. KIRK Signature of officer administering oath Printed name of officer administering oath

SUBTOTALS - C/OH

FORM C/OH

19	9 FILERNAME Eddie Brown Jr		
1007.10	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 250.00
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		\$
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 C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	ITIONS RETURNED	\$
			

MONETARY POLITICAL CONTRIBUTIONS



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

The	Instruction Guide explains how to complete th	1 Total pages Schedule A1:		
FILER NAME	Eddie Brown Ir		3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor □ out-of-state P. B. Kersha Lawkford 6 Contributor address; City;	AC (ID#:) State; Zip Code	7 Amount of contribution (\$)	
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)	
Date Full name of contributor		AC (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date Full name of contributor out-of-state P.		AC (ID#:)) Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state P	C (ID#:) Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
	ATTACH ADDITIONAL COPIES			