

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: **19**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MARIAN

BROWN

OFFICE USE ONLY

Date Received

BY **SS**
2024 MAY 20 12:29
JOHN F. WATKINS
COUNTY CLERK
DALLAS COUNTY

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 851635
Mesquite, TX 75149

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 458-6595

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

VICTOR

VITAL

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2100 Pearl
DALLAS

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 799-4800

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

02 / 26 / 24

THROUGH

05 / 20 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 28 / 24

☐ Primary

☒ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

Sheriff

14 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.

COMMITTEE TYPE

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☒ GENERAL

☐ SPECIFIC

CWA

1400 N. Washington

1400 N Washington

☐ Additional Pages

GO TO PAGE 2

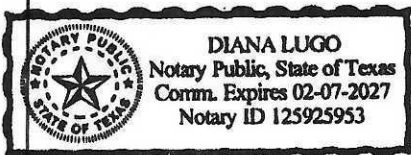
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME MARIAN BROWN		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)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 53,225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 58,845.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 499
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø

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]
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Marian Brown this the 30 day of May, 2024, to certify which, witness my hand and seal of office.
Diana Lugo Diana Lugo Executive Assistant
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

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	\$ 53,225
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 58,845
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: 1/8

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

03/21/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

John Fullenwider

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/05/24

Full name of contributor

☐ out-of-state PAC (ID#:

Helen Giddings

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

400 N Zang Dallas

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

self

Date

04/05/24

Full name of contributor

☐ out-of-state PAC (ID#:

Toni Rose

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

Balch Springs

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/24

Full name of contributor

☐ out-of-state PAC (ID#:

Toby Shook

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

Dallas

Principal occupation / Job title (See Instructions)

attly

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: 2/8

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Larry/Gwen Daniels

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

500 Ivy Way GARLAND

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

Date

03/21/24

Full name of contributor

☐ out-of-state PAC (ID#:

Toby Shook

Amount of contribution (\$)

\$1500.00

Contributor address;

City;

State;

Zip Code

Dallas

Principal occupation / Job title (See Instructions)

atty

Employer (See Instructions)

self

Date

3/21/24

Full name of contributor

☐ out-of-state PAC (ID#:

Albert Black

Amount of contribution (\$)

\$5000.00

Contributor address;

City;

State;

Zip Code

1100 S Madison DLS

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

self

Date

03/21/24

Full name of contributor

☐ out-of-state PAC (ID#:

Russell Wilson

Amount of contribution (\$)

\$1750.00

Contributor address;

City;

State;

Zip Code

1900 Pacific DLS

Principal occupation / Job title (See Instructions)

atty

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: 3/8

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

04/09/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Geoff Henley

7 Amount of contribution (\$)

\$5000.00

6 Contributor address;

City;

State;

Zip Code

Beverly Dallas

8 Principal occupation / Job title (See Instructions)

attly

9 Employer (See Instructions)

SELF

Date

05/16/24

Full name of contributor

☐ out-of-state PAC (ID#:

Ophelia Green

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

03/21/24

Full name of contributor

☐ out-of-state PAC (ID#:

Diane Ragsdale

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

3600 Dunbar Dallas

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

03/21/24

Full name of contributor

☐ out-of-state PAC (ID#:

Jean Smotzer

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

3000 McKinney Ave DLS

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: 4/8

2 FILER NAME
MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date
03/21/24

5 Full name of contributor ☐ out-of-state PAC (ID#:
John Proctor

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1500 OAK Meadows Dr

\$1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/21/24

Full name of contributor ☐ out-of-state PAC (ID#:
Jesse Oliver

Amount of contribution (\$)

Contributor address; City; State; Zip Code
Dallas

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/24

Full name of contributor ☐ out-of-state PAC (ID#:
D. Fair

Amount of contribution (\$)

Contributor address; City; State; Zip Code
I 35, DeSoto

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business

self

Date
03/21/24

Full name of contributor ☐ out-of-state PAC (ID#:
Royce West

Amount of contribution (\$)

Contributor address; City; State; Zip Code
300 S. RL Thornton Dr

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

attly

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: 5/8

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

5/10/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Shaun Rabb

7 Amount of contribution (\$)

\$24,300.00

6 Contributor address;

City;

State;

Zip Code

Box 8 51635 Mesq.

8 Principal occupation / Job title (See Instructions)

Journalist

9 Employer (See Instructions)

KDFW

Date

03/21/24

Full name of contributor

☐ out-of-state PAC (ID#:

J W Price

Amount of contribution (\$)

\$2500.00

Contributor address;

City;

State;

Zip Code

500 Elm St. D15

Principal occupation / Job title (See Instructions)

Commissioner

Employer (See Instructions)

D15 Cty

Date

5/4/24

Full name of contributor

☐ out-of-state PAC (ID#:

Carl Griffith

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/24

Full name of contributor

☐ out-of-state PAC (ID#:

Tenell Atkins

Amount of contribution (\$)

\$250.00

Contributor address;

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: 6/8

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

07/28/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Shelia Bailey

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

Box 3150

DLS

8 Principal occupation / Job title (See Instructions)

R/A

9 Employer (See Instructions)

Date

03/03/24

Full name of contributor

☐ out-of-state PAC (ID#:

Hector Leija

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

2600 Fonville

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

self

Date

03/06/24

Full name of contributor

☐ out-of-state PAC (ID#:

Willis Johnson

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

1000 Bellevue

DLS

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

self

Date

3/10/24

Full name of contributor

☐ out-of-state PAC (ID#:

Anthony Farmer

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

400 N Zang

DLS

Principal occupation / Job title (See Instructions)

attly

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: 7/8

2 FILER NAME

MARIAN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

03/24/24

5 Full name of contributor

☐ out-of-state PAC (ID#)

Martin Burrell

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

8500 N Stemmons DLS

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/21/24

Full name of contributor

☐ out-of-state PAC (ID#)

Antong Lucky

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

2700 Frazier DLS

Principal occupation / Job title (See Instructions)

business

Employer (See Instructions)

self

Date

03/22/24

Full name of contributor

☐ out-of-state PAC (ID#)

Heath Harris

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

8600 Quicksilver DLS

Principal occupation / Job title (See Instructions)

atty

Employer (See Instructions)

self

Date

5/9/24

Full name of contributor

☐ out-of-state PAC (ID#)

Russell Wilson

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

1900 Pacific 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: 8

2 FILER NAME **MARIAN BROWN**

3 Filer ID (Ethics Commission Filers)

4 Date
05/13/24

5 Full name of contributor ☐ out-of-state PAC (ID#:
Richard Roper

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
9000 Ranch Buff Court

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; 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.

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: <i>1/8</i>	2 FILER NAME <i>MARIAN BROWN</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>02-27-24</i>	5 Payee name <i>Beyond the Slogan</i>
---------------------------	--

6 Amount (\$) <i>\$8600.00</i>	7 Payee address; <i>Routh Creek Richardson</i>	City; <i>Richardson</i>	State; <i>TX</i>	Zip Code <i>75081</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Polling</i>	(b) Description
	(c) <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 <i>03-06-24</i>	Payee name <i>ELite News</i>
-------------------------	---------------------------------

Amount (\$) <i>500.00</i>	Payee address; <i>Lancaster Rd</i>	City; <i>Richardson</i>	State; <i>TX</i>	Zip Code <i>75081</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	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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Date <i>03-06-24</i>	Payee name <i>Texas Metro News</i>
-------------------------	---------------------------------------

Amount (\$) <i>1000.00</i>	Payee address; <i>300 I-35 Dallas</i>	City; <i>Dallas</i>	State; <i>TX</i>	Zip Code <i>75201</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	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

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: **2/8** 2 FILER NAME **MARIAN BROWN** 3 Filer ID (Ethics Commission Filers)

4 Date **03-07-24** 5 Payee name **ATT mobile**

6 Amount (\$) **90.00** 7 Payee address; City; State; Zip Code
Box 5093 Carol Stream IL

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **office** (b) Description
(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 **03-12-24** Payee name **Phone Burner**
Amount (\$) **159.00** 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

Date **03-18-24** Payee name **Cong. Dist 30 convention**
Amount (\$) **300.00** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising** 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

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 MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
4 Date 3/8	5 Payee name Reilly Echols	
6 Amount (\$) 5990.00	7 Payee address; City; State; Zip Code Harwood Dls	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description
	(c) <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 03/01/24	Payee name Bank of America		
Amount (\$) 16.00	Payee address; City; State; Zip Code 1500 Town East Mesquite		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	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 04/01/24	Payee name Bank of America		
Amount (\$) 16.00	Payee address; City; State; Zip Code 1500 Town East Mesquite		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	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

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: 4/8 2 FILER NAME MARIAN BROWN 3 Filer ID (Ethics Commission Filers)

4 Date 04/04/24 5 Payee name Bank of America

6 Amount (\$) 71.00 7 Payee address; City; State; Zip Code
1500 Town East Mesq.

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) printing (b) Description
(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 04-08-24 Payee name Black Business Directory
Amount (\$) 1200.00 Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising 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

Date 04-08-24 Payee name ATT mobile
Amount (\$) 85.00 Payee address; City; State; Zip Code
Box 5093 Canal Stream

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) office 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

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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	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: 5/8	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 04-09-24	5 Payee name Beyond the Slogan
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6 Amount (\$) 500.00	7 Payee address; Routh Creek Richardson
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description
	(c) <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 05-02-24	Payee name The Order Desk
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Amount (\$) 8571.00	Payee address; 9800 Monroe DALLAS
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 05-01-24	Payee name BANK of America
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Amount (\$) 16.00	Payee address; 1500 Town East Mesq.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	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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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: 6/8		2 FILER NAME MARIAN BROWN		3 Filer ID (Ethics Commission Filers)	
4 Date 05-08-24		5 Payee name Ms Cas Company			
6 Amount (\$) \$3000.00		7 Payee address; City; State; Zip Code 200 I-35 DeSoto			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) canvassing		(b) Description		
	(c) <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 05-10-24		Payee name The Order Desk			
Amount (\$) 8571.00		Payee address; City; State; Zip Code 9800 Mon Roel DALLAS			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising		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 05-12-24		Payee name The Nealy Group			
Amount (\$) 3500.00		Payee address; City; State; Zip Code 5600 Lewis DALLAS			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) polling		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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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	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: 7/8	2 FILER NAME MARIAN BROWN	3 Filer ID (Ethics Commission Filers)
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4 Date 05-16-24	5 Payee name Ms Cas Company
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6 Amount (\$) 4500.00	7 Payee address; 200 I-35 DeSoto	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Canvas	(b) Description
	(c) <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 05-17-24	Payee name ATT mobile
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Amount (\$) 90.00	Payee address; Box 5093 Carol Stream IL	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05-20-24	Payee name The Order Desk
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Amount (\$) 8570.00	Payee address; 9800 Monroel Dls	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	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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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	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: **8** 2 FILER NAME **MARIAN BROWN** 3 Filer ID (Ethics Commission Filers)

4 Date **05-20-24** 5 Payee name **The Nealy Group**

6 Amount (\$) **3500.00** 7 Payee address; City; State; Zip Code **5600 Lewis DALLAS**

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

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(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

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

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

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

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

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