CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MARIA.	FIRST	I MI	OFFICE USE ONLY
Manager Control (Manager Anna Control (Manag	BROW.	2NI	SUFFIX	Date:Received 024 FE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		x: APT/SUITE#; C OX 85/635 Juite Tx		EB -5 PM
Change of Address				は一般に対し
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	458 6595	EXTENSION	Date-Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	Vit	al		Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT/SU Pearl	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	DA	1195		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(214) -	799-4802)	
9 REPORT TYPE	January 15	30th day before ele		15th day after campaign treasurer appointment
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	01.	16/24	THROUGH 02/	05/24
11 ELECTION	ELECTION DA	SAMOOTE STREET	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	03/05	24 General	Special	
12 OFFICE	OFFICE HELD (if any)	reroft	13 OFFICE SOUGHT (IF KNOWN) Shert	<u></u>
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS A	ACCEPTED OR POLITICAL EXPENDITURES MA	ADE BY POLITICAL COMMITTEES TO SUPPORT MIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES	S AND OFFICEHOLDERS ARE REQUIRE	ED TO REPORT THIS INFORMATION ONLY IF TH	MDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		CO TO 1	24050	
		GO TO F	PAGE Z	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer II	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS (OTH GUARANTEES OF LOANS, OR E ELECTRONICALLY)	ER THAN	\$ \$3,00
	2. TOTAL POLITICAL CO	ONTRIBUTIONS S, LOANS, OR GUARANTEES OF	LOANS)	\$ \$500, ED
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EX	(PENDITURES		\$ 5647.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON- OF REPORTING PERIO	TRIBUTIONS MAINTAINED AS OF D	THE LAST DAY	\$ 5647.00 \$ 5168,00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP	UNT OF ALL OUTSTANDING LOAI ORTING PERIOD	NS AS OF THE	\$ 0
18 SIGNATURE I sv	ear, or affirm, under penalty of pe	riury, that the accompanying repo	ort is true and corre	ect and includes all information
	uired to be reported by me under Titl			
		Signatur	re of Candidate or	Officeholder
		Olginata	c or candidate of	Officeriolder
	Diagona	omplote either entire	balava	
	riease C	omplete either option	pelow:	
HILL RY	DIANA LUGO			
(1) Affidavit	Notary Public, State of Texas			
	Comm. Expires 02-07-2027 Notary ID 125925953			
NOTA DV OTA N	namina.			
NOTARY STAMP/SEAL		1		
Sworn to and subscribed to	pefore me by Marian	Brown .	this the 5	day of February
A 1			ins the	uay of 1200
20 34, to certify w	hich, witness my hand and seal of of	- /		11:11
- Heard T		na Lugo	4	famin Asst.
Signature of officer administeri	ng bath Printed name	e of officer administering oath	Ť	itle of officer administering oath
		OR	THE CALLEY	25 C 15 TX 15 1 15 1
(2) Unsworn Declaratio	n			
(-) choire in Deciding				
My name is		and my data of	hirth ic	
My address is		, and my date of	DITUI IS	
iviy address is				· · · · · · · · · · · · · · · · · · ·
	(street)	(city)	323 324 (4)	ip code) (country)
Executed in	County, State of	, on the day of	(month)	, 20
			(IIIOIIIII)	(year)
		Signature of	f Candidate/Officeh	older (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Et	hics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6500,
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6500, \$ 2000.
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5647.
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s \$
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	С/ОН \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	D \$

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 FILER NAME BROWN	3 Filer ID (Ethics Commission Filers)				
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$5000.00				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5 ELF	ions)				
Date Full name of contributor Out-of-state PAC (ID#:) Asymptotic Contributor address; City; State; Zip Code	Amount of contribution (\$) \$\frac{1}{250,00}\$				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)				
Date Full name of contributor out-of-state PAC (ID#:) Narles Dan vel Contributor address; City; State; Zip Code Duncan whe Tx	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 Lancastre TX	Amount of contribution (\$) \$\frac{4}{100},				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)				

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 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 5	7 Amount of contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)	
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) 9/00, ons)	
Date Full name of contributor	Amount of contribution (\$) $ 4250, 80$	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NO		

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 FILER NAME	PARIANT BROWN	9	3 Filer ID (Ethics Commission Filers)
0 1/25/24	5 Full name of contributor out-of-state PAC (Note of Contributor address; City; Bow Creek Dur	State; Zip Code	7 Amount of contribution (\$) \$\frac{4}{50},60
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 1/25/24	Full name of contributor out-of-state PAC (I Derwin Broug Contributor address; City; Belmont Pl D	hon State; Zip Code	Amount of contribution (\$) \$\int IDD, \overline{\top}
Principal occup	ation / Job title (See Instructions) ARChire Cf	Employer (See Instruction Kal	ons)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:) State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF		

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.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME MARIAN BROWN			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
Date 25/14 10 Principal occ 12 Contributor's	7 Contributor address; City; State; Zip Code 5 Cedar Rudge William 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employ			In-kind contribution description Contribution description Contribution description Contribution description Contribution description Contribution description
	Principal desapation (Fort addicate)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUI	DICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDIC			e (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	, and		
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDUI	LE 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) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Legal Services 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 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City; Zip Code 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 Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date City; Zip Code 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 Date State: Zip Code 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

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 Co

Event Expense 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

Credit Card Payment	The Instruction Guide explains how to e	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 02-04-24 6 Amount (\$)	5 Payee name BARbara Stee 7 Payee address:	ele_ City;	State; Zip Code
\$500,00	12740 Hillcres	+ DAI	llas
8 BURBOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	consult		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name ,		
02-03-24	Marina Ruiz		
Amount (\$)	Payee address;	City;	State; Zip Code
7600,00	Whisper OAK	5 DA11.	45
T. 12200E	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	consult	8	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, 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
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.		n, 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