# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

| 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 5 |

### 3 CANDIDATE / OFFICEHOLDER NAME
- **FIRST NAME:** MARIAN
- **LAST NAME:** BROWN

### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
- **ADDRESS:** P. O. Box 851635
- **CITY:** Mesquite, TX
- **ZIP CODE:** 75185

### 5 CANDIDATE / OFFICEHOLDER PHONE
- **AREA CODE:** (214)
- **PHONE NUMBER:** 458-6595

### 6 CAMPAIGN TREASURER NAME
- **FIRST NAME:** VICTOR
- **LAST NAME:** VITAL

### 7 CAMPAIGN TREASURER ADDRESS
- **STREET ADDRESS (NO PO BOX PLEASE):**
- **CITY:**
- **STATE:**
- **ZIP CODE:**

### 8 CAMPAIGN TREASURER PHONE
- **AREA CODE:** (214)
- **PHONE NUMBER:** 799-4800

### 9 REPORT TYPE
- **January 15**
- **Runoff**
- **15th day after campaign treasurer appointment (Officerholder Only)**
- **Final Report (Attach C/OH - FR)**

### 10 PERIOD COVERED
- **MONTH:** 07
- **DAY:** 15
- **YEAR:** 2021
- **THROUGH:** 01/15/2022

### 11 ELECTION
- **ELECTION DATE:** N/A
- **ELECTION TYPE:**
  - Primary
  - Runoff
  - General
  - Special
  - Other Description: N/A

### 12 OFFICE
- **OFFICE HELD (if any):** Sheriff

### 13 OFFICE SOUGHT (if known)
- **OFFICE SOUGHT:**

### 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.

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL</td>
<td></td>
</tr>
<tr>
<td>SPECIFIC</td>
<td></td>
</tr>
</tbody>
</table>

### GO TO PAGE 2

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020
<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th></th>
<th>16 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td>
<td>$ 0</td>
<td></td>
</tr>
<tr>
<td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td>
<td>$ 0</td>
<td></td>
</tr>
<tr>
<td>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</td>
<td>$ 0</td>
<td></td>
</tr>
<tr>
<td>4. TOTAL POLITICAL EXPENDITURES</td>
<td>$ 1172.00</td>
<td></td>
</tr>
<tr>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
<td>$ 196.00</td>
<td></td>
</tr>
<tr>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
<td>$ 0</td>
<td></td>
</tr>
</tbody>
</table>

**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:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by **MARIAN BROWN** this the 13 day of **January**.

_20_ __22_ , to certify which, witness my hand and seal of office.

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)
<table>
<thead>
<tr>
<th>SCHEDULE SUBTOTALS NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>3. SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>4. SCHEDULE E: LOANS</td>
<td>$</td>
</tr>
<tr>
<td>5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$200.00</td>
</tr>
<tr>
<td>6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
<td>$</td>
</tr>
<tr>
<td>7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
<td>$</td>
</tr>
<tr>
<td>9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$872.00</td>
</tr>
<tr>
<td>10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$</td>
</tr>
<tr>
<td>11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$</td>
</tr>
</tbody>
</table>
POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

<table>
<thead>
<tr>
<th>Advertising Expense</th>
<th>Event Expense</th>
<th>Loan Repayment/Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting/Banking</td>
<td>Fees</td>
<td>Office Overhead/Rental Expense</td>
</tr>
<tr>
<td>Consulting Expense</td>
<td>Food/Beverage Expense</td>
<td>Polling Expense</td>
</tr>
<tr>
<td>Contributions/Donations Made By</td>
<td>Gift/Awards/Memorials Expense</td>
<td>Printing Expense</td>
</tr>
<tr>
<td>Candidate/Officeholder/Political Committee</td>
<td>Legal Services</td>
<td>Salaries/Pages/Contract Labor</td>
</tr>
</tbody>
</table>

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1: 1
2. FILER NAME: MARIAN BROWN
3. Filer ID (Ethics Commission Filers)

4. Date: 08/21 to 09/22
5. Payee name: Bank of America

6. Amount ($) $96.00
7. Payee address; 1500 N. Town East Mesquite, TX

8. PURPOSE OF EXPENDITURE
   (a) Category (See Categories listed at the top of this schedule) Banking
   (b) Description Fees
   (c) □ Check if travel outside of Texas. Complete Schedule T.

9. Complete ONLY if direct expenditure to benefit C/OH
   Candidate / Officeholder name
   Payee name
   Office sought Office held

Date 12-01-21

Amount ($) $204.00

Payee address; E. Grubb Mesquite, TX 75149

Purpose of Expenditure
   Category (See Categories listed at the top of this schedule) Office
   Description Mailing

Complete ONLY if direct expenditure to benefit C/OH
   Candidate / Officeholder name
   Payee name
   Office sought Office held

Date

Amount ($)

Payee address;

Purpose of Expenditure
   Category (See Categories listed at the top of this schedule)
   Description

Complete ONLY if direct expenditure to benefit C/OH
   Candidate / Officeholder name
   Payee name
   Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020
## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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/Officer/Holder/Political Committee  
Credit Card Payment  
Event Expense  
Fee  
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.

<table>
<thead>
<tr>
<th>Total pages Schedule G</th>
<th>Filer Name</th>
<th>Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>MARIAN BROWN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Purpose of Expenditure</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/21 to 08/22</td>
<td>A-T+T</td>
<td>Office</td>
<td></td>
<td>Phone svc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount ($)</th>
<th>Reimbursement from political contributions intended</th>
<th>Payee address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>272.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Purpose of Expenditure</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/21</td>
<td>Keith Bilbrey</td>
<td>Labor</td>
<td></td>
<td>Social media</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount ($)</th>
<th>Reimbursement from political contributions intended</th>
<th>Payee address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grand Prairie, TX</td>
</tr>
</tbody>
</table>

Complete ONLY if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Purpose of Expenditure</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount ($)</th>
<th>Reimbursement from political contributions intended</th>
<th>Payee address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Complete ONLY if direct expenditure to benefit C/OH

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Forms provided by Texas Ethics Commission  
www.ethics.state.tx.us  
Revised 8/17/2020