

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <div style="font-size: 1.5em; text-align: center;">26</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Elaine S</div>		OFFICE USE ONLY Date Received Received <div style="font-size: 1.5em; color: blue;">OCT 11 2022</div> Elections Office <div style="font-size: 1.5em; color: blue;">BNK</div>							
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Brown</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4002 E. Highway 290 Dripping Spgs. TX 78620</div>									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 960-4477</div>									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Jerome A</div>		Date Hand-delivered or Date Postmarked							
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Brown</div>		Receipt # Amount \$							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4002 E. Hwy 290 Dripping Spgs. TX 78620</div>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(361) 649-7778</div>									
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>									
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.2em; text-align: center;">7 / 1 / 2022 THROUGH 9 / 29 / 2022</div>									
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11 / 08 / 2022</div> </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>									
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) <div style="font-size: 1.2em; text-align: center;">Judge, County Court at Law #3</div>									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td rowspan="4" style="width:15%; vertical-align: top;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:85%;">COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME									
	COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

GO TO PAGE 2

FORM JC/OH
COVER SHEET PG 2

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/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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 Elaine S. Brown, and my date of birth is 8/9/66

My address is 4002 E. Hwy 290 Dripping Springs, TX 78620 U.S.A.
(street) (city) (state) (zip code) (country)

Executed in Hays County, State of Texas, on the 10th day of October, 2022
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

Elaine S. 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	\$ 10,232.94
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 860.09
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	\$ 9,931.57
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 960.84
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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 7
2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)
4 Date 8/26/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Juan Velasquez	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code Round Rock TX		
8 Contributor's principal occupation Retired Judge		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Gina Fant-Simon	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code Dripping Springs TX 78620		
Contributor's principal occupation Media Consultant		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 7/22 8/22 9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: John Adams	Amount of contribution (\$) \$150 > total
Contributor address; City; State; Zip Code Dripping Sps. TX 78620		
Contributor's principal occupation Teacher		Contributor's job title Teacher
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 7
2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Hays County Democrats 6 Contributor address; City; State; Zip Code San Marcos TX	7 Amount of contribution (\$) \$500
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Hays County Democrats Contributor address; City; State; Zip Code San Marcos TX	Amount of contribution (\$) \$500
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 8/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Connie Vivian Contributor address; City; State; Zip Code Victoria TX	Amount of contribution (\$) \$100
Contributor's principal occupation Legal Assistant		Contributor's job title Legal Assistant
Contributor's employer/law firm Law office of Duane Crocker		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

7

2 FILER NAME

Elaine S. Brown

3 Filer ID (Ethics Commission Filers)

4 Date

8/22

5 Full name of contributor

Lydia Serna

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

125

6 Contributor address;

City;

State;

Zip Code

Kyle TX

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

7/22

Full name of contributor

Hollis Burkland

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

Lockhart TX 78644

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Hollis W. Burkland

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

8/22

Full name of contributor

Alexis Green

☐ out-of-state PAC ID#:

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

Dallas TX

Contributor's principal occupation

Mortgage

Contributor's job title

Mortgage Broker

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 7
2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)
4 Date 8/2022	5 Full name of contributor John Hatch <input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code Buda TX		
8 Contributor's principal occupation Consultant		9 Contributor's job title
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 7/28/22	Full name of contributor Abigail Klamert <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code Manchaca TX		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 7/28/22	Full name of contributor Donna Haschke <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) 80
Contributor address; City; State; Zip Code Buda TX		
Contributor's principal occupation Retired		Contributor's job title
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 7
2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)
4 Date 8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Brandon Parsons	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code Dripping Springs TX		
8 Contributor's principal occupation Elec. Engineer		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Thaddeus Fortenberry	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code		
Contributor's principal occupation IT		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Nicholas Green	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code Athens TX		
Contributor's principal occupation Student/Trainer		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 7
2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)
4 Date 7/22/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Amanda Erwin	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code Sgt. Marcos Wimberly TX		
8 Contributor's principal occupation Attorney		9 Contributor's job title
10 Contributor's employer/law firm The Erwin Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ (Ran) Ranjan Satija	Amount of contribution (\$) \$101
Contributor address; City; State; Zip Code Austin TX		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Hayward PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mike Haas	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code Dallas TX		
Contributor's principal occupation Sales		Contributor's job title Sales mgr.
Contributor's employer/law firm Hewlett Packard		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 7
2 FILER NAME Elaine S. Brawn		3 Filer ID (Ethics Commission Filers)
4 Date 7/28/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Linda Tenorio	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code Kyle TX		
8 Contributor's principal occupation Retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Nic Green	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code San Antonio TX		
Contributor's principal occupation Real Estate Investor		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Tyka Booker	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code Dripping Springs TX		
Contributor's principal occupation Insurance		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: <div style="text-align: center; font-size: 1.2em;">2</div>	
2 FILER NAME <div style="font-size: 1.2em;">Elaine S. Brown</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <div style="font-size: 1.2em;">7/22</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Linda Rodriguez</div>	8 Amount of Contribution \$ <div style="font-size: 1.2em;">\$ 203</div>	9 In-kind contribution description <div style="font-size: 1.2em;">Food/drinks fundraiser</div>
7 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">Kyle TX</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <div style="font-size: 1.2em;">Retired judge</div>		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <div style="font-size: 1.2em;">7/22</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Anna Boling</div>	Amount of Contribution \$ <div style="font-size: 1.2em;">298.09</div>	In-kind contribution description <div style="font-size: 1.2em;">Food/Jewelry</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">Kyle TX</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <div style="font-size: 1.2em;">Attorney</div>		Contributor's job title (FOR JUDICIAL)(See Instructions) <div style="font-size: 1.2em;">Attorney</div>	
Contributor's employer/law firm (FOR JUDICIAL) <div style="font-size: 1.2em;">Law Office of Anna Boling</div>		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: <div style="text-align: center;">2</div>	
2 FILER NAME <div style="text-align: center;">Elaine S. Brown</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <div style="text-align: center;">7/22/22</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">Elly Del Prado Dietz</div>	8 Amount of Contribution \$ <div style="text-align: center;">359</div>	9 In-kind contribution description <div style="text-align: center;">food for fundraiser</div>
7 Contributor address; City; State; Zip Code <div style="text-align: center;">San Marcos</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <div style="text-align: center;">Attorney</div>		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) <div style="text-align: center;">Del Prado Dietz PLLC</div>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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: 13		2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 7/5/22		5 Payee name Circle K			
6 Amount (\$) \$ 29.82		7 Payee address; City; State; Zip Code Dripping Spgs. TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage / Event		(b) Description Candy for event		
	(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 7/12/22		Candidate / Officeholder name Office Depot			
Amount (\$) \$ 32.42		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Flyers		
	<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 7/15/22		Candidate / Officeholder name Specs			
Amount (\$) \$ 116.21		Payee address; City; State; Zip Code Dripping Springs TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / Fundraiser		Description Food / Beverages for fundraiser		
	<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: <div style="text-align: center; font-size: 1.5em;">13</div>		2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Elaine S. Brown</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center; font-size: 1.2em;">9/6/22</div>		5 Payee name <div style="text-align: center; font-size: 1.2em;">Super cheap Signs</div>			
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$266.99</div>		7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">Austin TX</div>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Printing</div>		(b) Description <div style="text-align: center; font-size: 1.2em;">Signs</div>		
	(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 <div style="text-align: center; font-size: 1.2em;">9/6/22</div>		Payee name <div style="text-align: center; font-size: 1.2em;">Natural Tribute Design</div>			
Amount (\$) <div style="text-align: center; font-size: 1.2em;">21.65</div>		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">Wimberley</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Printing Expense</div>		Description <div style="text-align: center; font-size: 1.2em;">T-shirt</div>		
	<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 <div style="text-align: center; font-size: 1.2em;">9/6/22</div>		Payee name <div style="text-align: center; font-size: 1.2em;">Wake The Dead</div>			
Amount (\$) <div style="text-align: center; font-size: 1.2em;">43.26</div>		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">San Marcos</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Fundraising Food/Beverage Expense</div>		Description <div style="text-align: center; font-size: 1.2em;">Food/Drinks</div>		
	<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					
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: 13		2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 9/6/22		5 Payee name Paypal - Leighanne Pearson			
6 Amount (\$) \$ 772.05		7 Payee address;		City;	State; Zip Code TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description social media consultant		
	(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 9/17/22		Payee name Super cheap Signs			
Amount (\$) 21.65		Payee address;		City;	State; Zip Code Austin TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Signs		
	<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 9/16/22		Payee name Spectrum Reach			
Amount (\$) \$ 2,125.00		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description media - television		
	<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: 13		2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 9/22/22		5 Payee name Ilarios Italian Rest			
6 Amount (\$) 40.10		7 Payee address; Kyle TX		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Volunteer meals		
	(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 9/23/22		Payee name Rolling in Thyme			
Amount (\$) 25.40		Payee address; Dripping Springs TX		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Volunteer meal		
	<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 9/24/22		Payee name Logan's Roadhouse			
Amount (\$) \$41.99		Payee address; San Marcos TX		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Volunteer meals		
	<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
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: 13		2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 7/22/22		5 Payee name Office Depot			
6 Amount (\$) 29.77		7 Payee address; City; State; Zip Code			
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					
Date 7/25/22		Candidate / Officeholder name Payee name Pay Pal - Petirep / logo			
Amount (\$) 340		Office sought Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign logo		
	<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 8/9/22		Candidate / Officeholder name Payee name Acc Printing			
Amount (\$) 2,746.99		Office sought Office held			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising / Printing		Description large Signs		
	<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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13		2 FILER NAME Claire S. Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 7/20/22		5 Payee name HEB			
6 Amount (\$) 104.79		7 Payee address; City; State; Zip Code Dripping Spgs. TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising		(b) Description Food/Beverages		
	(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 7/21/22		Payee name Target			
Amount (\$) 129.89		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising		Description Decorations/Supplies		
	<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 7/22/22		Payee name DRI Printing			
Amount (\$) 207.16		Payee address; City; State; Zip Code Online			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description cards		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <div style="text-align: center;">13</div>		2 FILER NAME <div style="text-align: center;">Elaine S. Brown</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">8/9/22</div>		5 Payee name <div style="text-align: center;">Affordable Golf Cars</div>			
6 Amount (\$) <div style="text-align: center;">122.65</div>		7 Payee address; City; State; Zip Code <div style="text-align: center;">San Marcos TX</div>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Event Expense</div>		(b) Description <div style="text-align: center;">Repairs</div>		
	(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 <div style="text-align: center;">8/17/22</div>		Payee name <div style="text-align: center;">Stickeryou.com</div>			
Amount (\$) <div style="text-align: center;">49.97</div>		Payee address; City; State; Zip Code <div style="text-align: center;">online</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing</div>		Description <div style="text-align: center;">stickers for signs</div>		
	<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 <div style="text-align: center;">8/17/22</div>		Payee name <div style="text-align: center;">Home Depot</div>			
Amount (\$) <div style="text-align: center;">21.24</div>		Payee address; City; State; Zip Code <div style="text-align: center;">Dripping Springs TX</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Event Expense</div>		Description <div style="text-align: center;">decorations</div>		
	<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					
<div style="text-align: center;"> ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED </div>					

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: <div style="text-align: center;">13</div>		2 FILER NAME <div style="text-align: center;">Elaine S. Brown</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">8/3/22</div>		5 Payee name <div style="text-align: center;">DRE u Printing</div>			
6 Amount (\$) <div style="text-align: center;">\$230.69</div>		7 Payee address; City; State; Zip Code <div style="text-align: center;">online</div>			
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing</div>		(b) Description <div style="text-align: center;">Push cards</div>		
	(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 <div style="text-align: center;">8/5/22</div>		Payee name <div style="text-align: center;">DRE u Printing</div>			
Amount (\$) <div style="text-align: center;">237.19</div>		Payee address; City; State; Zip Code <div style="text-align: center;">online</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing</div>		Description <div style="text-align: center;">Push cards</div>		
	<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 <div style="text-align: center;">8/8/22</div>		Payee name <div style="text-align: center;">Super Cheap Signs</div>			
Amount (\$) <div style="text-align: center;">304.65</div>		Payee address; City; State; Zip Code <div style="text-align: center;">Austin TX</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing</div>		Description <div style="text-align: center;">yard signs</div>		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 13		2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 8/24/22		5 Payee name Rudy Faz			
6 Amount (\$) \$510		7 Payee address; City; State; Zip Code Austin			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Contract Labor		(b) Description Install signs		
	(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 8/24/22		Payee name Leoncio Guevara			
Amount (\$) 510		Payee address; City; State; Zip Code Austin			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Contract Labor		Description Install signs		
	<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 8/1/22		Payee name Super cheap Signs			
Amount (\$) 282.90		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description yard signs		
	<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					
<div style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</div>					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <div style="font-size: 1.5em;">13</div>		2 FILER NAME <div style="font-size: 1.2em;">Elaine S. Brown</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="font-size: 1.2em;">7/5/22</div>		5 Payee name <div style="font-size: 1.2em;">Party City</div>			
6 Amount (\$) <div style="font-size: 1.5em;">129.63</div>		7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Austin</div>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Event Expense</div>		(b) Description <div style="font-size: 1.2em;">decorations</div>		
	(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 <div style="font-size: 1.2em;">7/5/22</div>		Payee name <div style="font-size: 1.2em;">Michael's Stores</div>			
Amount (\$) <div style="font-size: 1.5em;">78.37</div>		Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Austin</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Event Expense</div>		Description <div style="font-size: 1.2em;">decorations</div>		
	<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 <div style="font-size: 1.2em;">7/5/22</div>		Payee name <div style="font-size: 1.2em;">Party City</div>			
Amount (\$) <div style="font-size: 1.5em;">34.01</div>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Event Expense</div>		Description <div style="font-size: 1.2em;">decorations</div>		
	<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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <div style="text-align: center;">13</div>		2 FILER NAME <div style="text-align: center;">Elaine S. Brown</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">8/22/22</div>		5 Payee name <div style="text-align: center;">Super Cheap Signs</div>			
6 Amount (\$) <div style="text-align: center;">98.51</div>		7 Payee address; City; State; Zip Code <div style="text-align: center;">Austin TX</div>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing</div>		(b) Description <div style="text-align: center;">Signs</div>		
	(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 <div style="text-align: center;">8/22/22</div>		Payee name <div style="text-align: center;">Longleaf Craft Kitchen</div>			
Amount (\$) <div style="text-align: center;">\$ 67.63</div>		Payee address; City; State; Zip Code <div style="text-align: center;">Wimberley TX</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Food/Beverage Expense</div>		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 <div style="text-align: center;">8/23/22</div>		Payee name <div style="text-align: center;">Notarize, Inc.</div>			
Amount (\$) <div style="text-align: center;">25.00</div>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Fees</div>		Description <div style="text-align: center;">Notary for Facebook ads</div>		
	<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: 13		2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 8/26/22		5 Payee name Super cheap Signs			
6 Amount (\$) 115.00		7 Payee address; City; State; Zip Code Austin TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description signs		
	(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 9/2/22		Payee name Super cheap Signs			
Amount (\$) 115.00		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description signs		
	<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 9/6/22		Payee name Paypal Wimberley Pride			
Amount (\$) 60		Payee address; City; State; Zip Code Wimberley TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description parade fee		
	<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
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: <div style="font-size: 1.5em;">13</div>		2 FILER NAME <div style="font-size: 1.2em;">Elaine S. Brown</div>		3 Filer ID (Ethics Commission Filers)											
4 Date <div style="font-size: 1.2em;">9/29/22</div>		5 Payee name <div style="font-size: 1.2em;">H. E. B.</div>													
6 Amount (\$) <div style="font-size: 1.5em;">22.44</div>		7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; text-align: right;">Dripping Spgs TX 78620</div>													
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Fundraising</div>		(b) Description <div style="font-size: 1.2em;">Food / Drinks</div>												
	<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															
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Date</td> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>						Date	Candidate / Officeholder name	Office sought	Office held						
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description													
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>						Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description													
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>						Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
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 PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Elaine S. Brown	3 Filer ID (Ethics Commission Filers)
4 Date 8/4/22	5 Payee name Paypal - Leigh Anne Pearson	
6 Amount (\$) \$ 772.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social media consultant
	(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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date 9/11/22	Payee name Vistaprint	
Amount (\$) \$ 143.97 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Cards
	<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date 7/25/22	Payee name Office Depot	
Amount (\$) 44.92 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code online Austin TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description printed flyers
	<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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

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