FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Receive Received NICKNAME SUFFIX rown OCT 112022 4 CANDIDATE / ADDRESS / PO BOX: ZIP CODE OFFICEHOLDER **Elections Office** 4002 E. Highway 290 MAILING **ADDRESS** 78620 Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512) 960-4477 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Jerome **Date Processed** NAME SUFFIX NICKNAME Date Imaged Drown STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 78620 Dripping Spys. 290 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (361)649 - 77789 REPORT TYPE 30th day before election 15th day after campaign Runoff, January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Month COVERED 2022 **THROUGH** 2022 ELECTION DATE **ELECTION TYPE** 11 ELECTION Other Primary Runoff Day Description 11/ 08/2022 General Special 13 OFFICE SOUGHT (If known) 12 OFFICE OFFICE HELD (if any) 14 NOTICE FROM 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	ne S. Brown	`		16 Filer ID (Et	hics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOAI	IZED POLITICAL CONT NS, OR GUARANTEES IS MADE ELECTRONIC			2,626.94
		CAL CONTRIBUTION LEDGES, LOANS, OR (S GUARANTEES OF LOANS)	\$	10,232.94
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPEN	IDITURE.	\$	138.40
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	9,931.57
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF REPORTING		AINTAINED AS OF THE LA	ST DAY \$	1, 188.55
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OL HE REPORTING PERIO	JTSTANDING LOANS AS C	F THE \$	
	wear, or affirm, under penalt juired to be reported by me ur			e and correct a	nd includes all information
	Ple	ease complete e	either option belo	w:	
(1) Affidavit			·		
NOTARY STAMP/SE	AL				
Sworn to and subscribe	d before me by		this th	e da	ay of,
20, to certi	fy which, witness my hand and	d seal of office.			
Signature of officer adminis	tering oath P	rinted name of officer adn	ninistering oath	Title	e of officer administering oath
		OR			
(2) Unsworn Declara	tion				
My name is Elain	es. Brown		, and my date of birth	is <u>8/9/</u>	66
	E. Hwy 290		Dripping Springs:	TX . 78	620, U.S.A.
Executed in Hay	(street) County, State of	f Texas, on	the day of or (mo	(state) (zip	code) (country)
			Signature of Car	adidate/Officehol	der (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	Elaine S. Brown	nmission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,232.94		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$ 860.09		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$ 9 931.57			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	\$ 960.84			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTE	\$			

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:
Elaine S. Brown	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC ID#: Juan VelaSquez City; S Round Rock	7 Amount of contribution (\$) #500 State; Zip Code
	Contributor's job title
	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Pate Full name of contributor out-of-state PAC 10#:_ 8/12/22 Gina Fant - Simon	Amount of contribution (\$)
Contributor's principal occupation	TX 78620 \$ 100
Contributor's principal occupation Media Consultant	Contributor's Job title
	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date 7/22 7/22 7/22 7/22 7/22 7/22 Contributor address; City; Dripping Sps.	Amount of contribution (\$) # 150 > total TX 78620
Contributor's principal occupation To a Che C	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)	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A(J)1

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

	nstruction Guide explains how to complete this f	orm,	1 Total pages Schedule A(J)1:
FILERNAME	S. Brown		3 Filer ID (Ethics Commission Filers)
Date 5	Full name of contributor out-of-state PAC Hays County Democ Contributor address; City; San Marcos		7 Amount of contribution (\$)
Contributor's prin	cipal occupation	9 Contributor's job title	
Contributor's em	oloyer/law firm	11 Law firm of contributor's	s spouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
Date 7/26/22 Contributor's pri	Full name of contributor out-of-state PAC Haus County Democra Contributor address; City; Sun Marcos ncipal occupation	State; Zip Code	Amount of contribution (\$)
Contributor's em	ployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	child, law firm of parent(s) (if any)		
Date 8/4/22	Full name of contributor out-of-state PAC Contributor address; City;	State: Zip Code	Amount of contribution (\$)
Contributor's pr	incipal occupation al ASS is tart apployer/law firm	Contributor's job title	stant

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:
Elaine S. Brown	3 Filer ID (Ethics Commission F
Date 5 Full name of contributor out-of-state Lydia Serna 6 Sontributor address; City; Kyle	State: Zip Code
Contributor's principal occupation	9 Contributor's job title
Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state 7/ 22 Hollis Burkland	#100
Contributor address; City;	State; Zip Code 78644 Contributor's job title
Contributor's employer/law firm	Attorney
Contributor's employer/law firm Land Office of Hollis W. Burkland If contributor is a child, law firm of parent(s) (if any)	Law firm of countributor's spouse (If any)
Date Full name of contributor out-of-state	te PAC ID#:
8/22 Alexis Green Contributor address; City; Dalla	State: Zip Code
Contributor's principal occupation	Contributor's job title
Contributor's employer law frm	Law firm of contributor's spouse (if any)
if contributor is a child, law firm of parent(s) (if any)	

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:
2 FILERNAME Élaine S. Brown	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC ID#: 8/2022 6 Contributor address; City; State; Zip Code Buda X	7 Amount of contribution (\$)
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 Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
Contributor's principal occupation Afterney Afterney	
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 Full name of contributor Out-of-state PAC ID#:	Amount of contribution (\$)
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm NA If contributor is a child, law firm of parent(s) (If any)	r's spouse (if any)

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.	1 Total pages Schedule A(J)1:
FILER NAME	aine S. Brown		3 Filer ID (Ethics Commission Filers)
Date 8/22	5 Full name of contributor out-of-state PAC ID#: Brandon Parsons 6 Contributor address; City; Dripping Solings	State; Zip Code	7 Amount of contribution (\$) \$500
		Contributor's job title	
Contributor's	lec, Engineer employer/law frm 1	1 Law firm of contributor's	spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)	and the second s	
Date 8 /22	Full name of contributor out-of-state PAC ID#: Thaddcous Fortenberry Contributor address; City;		Amount of contribution (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Contributor:	s principal occupation	Contributor's job title	
Contributor's	s employer/law firm	Law firm of contributor's	spouse (if any)
If contributo	r is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC ID#		Amount of contribution (\$)
Hol	Contributor address; City;	State: Zip Code	,
Contributor	s principal occupation	Contributor's job title	
	udent Trainer		
Contributor	s employer/law firm	Law firm of contributor's	s spouse (if any)
	or is a child, law firm of parent(s) (if any)	Law firm of contributors	s spouse (If any)

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:
Elaine S. Brown	3 Filer ID (Ethics Commission Filers
Date 5 Full name of contributor out-of-state PAC Amanda Fruin 6 Contributor address; City; San marce Contributor's principal occupation	State; Zip Code 7 Amount of contribution (\$) # 100
M	9 Contributor's job title
Contributor's employer/law filth The Erwin Law Firm	11 Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Pate Full name of contributor out-of-state PAC Ran Ran Jan Satisa Contributor address, City:	47
Contributor address; City; Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm Hayward PLC If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor Out-of-state PAI Mike Hoas Contributor address; City; Dallas	Amount of contribution (\$) State: Zlp Code
	Contributor's job title
Contributor's principal occupation	5 6 10 6 0
Contributor's principal occupation Sales Contributor's employer/law firm Hewlith Packard If contributor is a child, law firm of parent(s) (if any)	Sales mar. Law firm of contributor's spouse (if any)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A(J)1

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

FILERNAME Elaine S. Bran Date 5 Full name of contributor out-of-state PAC ID#: 7/28/22 6 Contributor address; City;	
Date 5 Full name of contributor out-of-state PAC ID#: 7/38/22 6 Contributor address; City;	14
Kule	TX .
Contributor's principal occupation	Contributor's job title
	Law firm of contributor's spouse (if any)
2 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC IDE: Nic Green Contributor address; City;	State; Zip Code
Contributor's principal occupation	Contributor's job title
Real Estate Investor	
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 Full name of contributor out-of-state PAC ID#:_	Amount of contribution (\$)
8/22 Tyka Booker City;	State: Zip Code
Contributor's principal occupation	Contributor's job title
Insurance	
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)	

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:
Elaine S. Brown	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	STIONS \$
kyle IX	B Amount of Contribution \$ In-kind contribution description ## 203 Food/drinks
	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description 298.09 Food/Jewly Check if travel outside of Texas. Complete Schedule
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 Office of Anna Boling	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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	3 Filer ID (Ethics Co	ommission Filers)	
Elaine S. Brown			•
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
San Marcos	Zip Code	Check if travel outs	9 In-kind contribution description 1 Food for Fundraiser ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) AHD (New	13 Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
14 Contributor's employer/law firm FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
Del Prado Dietz PLLC			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor □ out-of-state PAC (ID#: Contributor address; City; State;	Zip Code	Amount of Contribution \$	I. In-kind contribution description I I I I I I I I I I I I I I I I I I I
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spot	use (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF T	HIS SCHED	ULE AS NEEDED	

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
Candidact/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Politice Credit Card Payment	Committee Legal Services Salaries/\(\circ\) The Instruction Guide explains how to c	/ages/Contract Labor omplete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	Elaine S. Brown		3 Filer ID (Ethics Commission Filers)
7/5/22	5 Payee name		
# 29,82	7 Payee address;	city; Xipping Sy	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Burage / Event (c) Check if travel outside of Texas. Complete Schedule T.	Candy +	Grevent n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
7/12/22 Amount (\$)	Payee name Office Depot Payee address;	City;	State; Zip Code
\$ 32.42		Anstin	7
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	Description Plyw Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
7/15/22	Payee name Specs		
# 116.21	Payee addless;	city:	State; Zip Code
PURPOSE OF EXPENDITURE	Event Expense/Fundraise	Desdriptidy Food Bue rage	s for fundraiser
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SSCHEDULEASNE	EDED

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/Ornations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Giff/Averds/Memorials Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

dit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
otal pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
13	Elaine S. Brown		
Pate	5 Payee name		
916122	Super Cheap Signs		
mount (\$)	7 Payee address;	City;	State; Zip Code
F266.99		Austin	7
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF	Painting	Signs	
EXPENDITURE	Printing	315113	
	(c) Checkillravel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
chandida to beliefit 0/01	•		
Date	Payee name		
9/6/22	Natural Tribute Des	ian	
Amount (\$)	Payee address;	City;	State; Zip Code
21.65			
21.03	. h	Jim berley	
	Category (See Categories listed at the top of this schedule)	Description (
PURPOSE		1	,
OF EXPENDITURE	Printing En nanco.	T-Shir	+
	The state of the s		
	Check if traivel outside of Texas. Complete Schedule T.		tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
experiantile to belieff C/OI			
Date	Payee name		0.00
01			
7/6/22	Wake The Drad		
Amount (\$)	Payee address;	City;	State; Zip Code
110 -			
43.26	<	an Marco	
*	Category (See Categories listed at the top of this schedule)		25
DURDOSE	Funda is ina_	Description	
PURPOSE OF	1 1 1 0 .	+ 1/2	. 1.5
EXPENDITURE	Food/Reverage Expense	Food Dr	inks
	Check if travel outside of Texas. Complete Schedule T.		stin, TX, officeholder living expense
	The state of local complete contention is		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to committee	ages/Contract Labor Other (enter a category not listed above) omplete this form.
Total pages Schedule F1:	2 FILER NAME Élaine S. Brown	3 Filer ID (Ethics Commission Filers)
Date 916122 5 Amount (\$) \$ 772.05	5 Payee name	City; State; Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising (c) Check if travel outside of Texas. Complete Schedule T.	Social media Consultant Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/7/22 Amount (\$)	Super Cheap Signs Payee address;	City; State; Zip Code
21.65		Austin TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description SignS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 9/16/22 Amount (\$)	Spectrum Read Payee address;	City; State; Zip Code
2,125.00		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	media - television
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Lioan 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)

edit Card Payment	The Instruction Guide explains how to co	mplete this form.	
Total pages Schedule F1:	2 FILER NAME Élaige S. Brown		3 Filer ID (Ethics Commission Filers)
Date 9/22/22	5 Payee name Ilarios Italian Rest		
Amount (\$)	7 Payee address;	City;	State; Zip Code
40.10		kyle	TX
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense	volute	er meals
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/23/22 Amount (\$)	Rolling in Thyros	City;	State; Zip Code
25.40	, ayee address,	7	-7/
	Category (See Categories listed at the top of this schedule)	Dr. pring Sp.	77
PURPOSE			
OF EXPENDITURE	Frod / Beverage Expense	Volunte	er neal
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/24/22	Logan's Roadhouse	,	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 41.99		an Marci	os TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Volunt	teer meals
	Check if travel outside of Texas. Complete Schedule T.		ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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
Candiac/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salarles/W The Instruction Guide explains how to committee	omplete this form.	Other (enter a categor	y not listed above)
Total pages Schedule F1:	2 FILER NAME Elaine S. Brown		3 Filer ID (Ethics	Commission Filers)
7/22/22	5 Payee name Office Depot			
Amount (\$) 29,77	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7/25/22 Amount (\$)	Pay Pal - Petirep/	og O City;	State;	Zip Code
340				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	Description Sign Check if Aus	1090 tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
8/9/22	Ace Printing			
Amount (\$)	Payee address;	City;	State;	Zip Code
2,746.99	Advertising	Austin	X	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Printing Check if travel outside of Texas. Complete Schedule f.	Description Auge Sign:	Stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EDED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seleries/Wages/Contract Labor

Candidate/Officeholder/Politica adit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c	/ages/Contract Labor complete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Élaige S. Brown		3 Filer ID (Ethics Commission Filers)
7/20/22	5 Payee name HEB		
104,79	7 Payee address;	city;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Lunda 15 1 1 G (c) Check if traveloutside of Texas. Complete Schedule T.	(b) Description	Bererages
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/21/22 Amount (\$)	Target Payee address:	City;	State; Zip Code
129,89	Payee address,	Austin	X
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Fundation Check if travel outside of Texas. Complete \$chedule T.		ons/Supplies
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 7/22/22	DRI Printing		
Amount (\$) 207, 16	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	Cards Check if Au	stin, TX, officeholder living expense

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

Event Expense
Fees
Food/Beverage Expense
Glift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense

edit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not issued above)
Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
13	Elaine S. Brown		
Date	5 Payee name		
8/9/22	Affordable Golf Cars		
mount (\$)	7 Payee address;	City;	State; Zip Code
122.65		San Marcos	· TX
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	7-7
PURPOSE			
OF EXPENDITURE	Event Expense	Repairs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/17/22	StickerMou. Com		
Amount (\$)	Payee address;	City;	State; Zip Code
49.97	online		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF	Docation	Chi.li	1-55-55
EXPENDITURE	ICINTON	STOULES	TOY 31912)
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living_expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/17/22	Home Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
21.24	D	rionina Soni	ings TX
	Category (See Categories listed at the top of this schedule)	Description)
PURPOSE		,	
OF EXPENDITURE	EventExpense	decora	tions
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Other (enter a catego	
	The Instruction Guide explains how to co	omplete this form.		
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4 Date	5 Payee name	1. 1 Marie 1 M		
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$230.69	poline			
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PURPOSE				
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EXPENDITURE	Lintu	Mush ca	ras	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	1			
Date	Payee name			
8/5/2	TRE UDIALIZE			
10/0/00	DICT MALLINA	City;	State;	Zip Code
Amount (\$)	Payee address;	City,	State,	Zip Code
237.19	online			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF	Priling	10,01-0	Ac	
EXPENDITURE	Trinting	rush (2100	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
- 1 (
8/8/22	Succe Change Sicos			
010102		A11	0	7: 0 1
Amount (\$)	Payee address;	City;	State;	Zip Code
304.65		Austin	X	
	Category (See Categories listed at the top of this schedule)	Description	,	
PURPOSE				
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EXPENDITURE	Mantina	wards	signs	
	Check if travel.outside of Texas. Complete Schedule T.		in, TX, officeholder living	j expense
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expenditure to benefit C/OI		ooo ooogiit		2.1100 11010
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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aname Ludy FaZ a address) agory (See Categories listed at the top of this schedule) arics/Contract Labor Check if travel outside of Texas. Complete Schedule T. Indidate / Officeholder name e name LONCIO GULYAFA e address;	Austin Check if Austin, TX, officeholder living expense Office sought City; State; Zip Code Austin Description
gory (See Categories listed at the top of this schedule) arics/Contract Labor Check if travel outside of Texas. Complete Schedule T. Indidate / Officeholder name e name LONCIO GUEYAFA e address;	Austin Check if Austin, TX, officeholder living expense Office sought City; State; Zip Code Austin Description
Check if travel outside of Texas. Complete Schedule T. Indidate / Officeholder name e name LONCIO GUEYAFA e address;	The stall signs Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code Austin Description
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gory (See Categories listed at the top of this schedule)	
laries /Contract Labor	Install signs
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
ndidate / Officeholder name	Office sought Office held
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	Description Vard Signs
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
andidate / Officeholder name	Office sought Office held
	ee address; egory (See Categories listed at the top of this schedule) dvchsing Check if travel outside of Texas. Complete Schedule T. andidate / Officeholder name

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Credit Card Payment	The Instruction Guide explains how to d	omplete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	Elaine S. Brown		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
7/5/22	Party City		
Amount (\$)	7 Payee address;	City;	State; Zip Code
129.63		Austin	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Event Expense	decora	tions
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
7/5/22	Michael's Stores		
Amount (\$)	Payee address;	City;	State; Zip Code
78.37		Austin	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		1	
OF EXPENDITURE	Flent Ex Dense	decoro	tions
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/5/22	Party City		
Amount (\$)	Payee address	City;	State; Zip Code
34.01			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		1	
OF EXPENDITURE	Event Expense	decora	tions
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
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	ATTACH ADDITIONAL CODIES OF THE	O COLUEDIU E ACCT	
	ATTACH ADDITIONAL COPIES OF THE	5 SCHEDULE AS N	EEDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Amount (\$) 7 Pay 98.51 PURPOSE OF EXPENDITURE (c) Complete ONLY if direct expenditure to benefit C/OH Date Pay 8/22/22 Amount (\$) Pay #### 67.63 Ca PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Pay 8/23/22 Amount (\$) Pay 8/23/22 Amount (\$) Pay 8/23/22 Amount (\$) Pay 8/23/22 Amount (\$) Pay 8/23/22	The service of the service of the service address. The service of	City; AuStin (b) Description Signs Check if Austin, Office sought	State; Zip Code TX, officeholder living expense Office held State; Zip Code
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PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Part S/23/22 Amount (\$) Part S/23/22 Amount (\$) Part S/23/22 Amount (\$)	tegory (See Categories listed at the top of this achedule) Cincle of Texas. Complete Schedule T. andidate / Officeholder name ee name and address,	(b) Description Signs Check if Austin, Office sought Chen City;	TX, officeholder living expense Office held
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8/22/22 Amount (\$) Pare Amount (\$) Pare Pare Amount (\$) Pare Amount (\$) Pare Amount (\$) Pare Pare Amount (\$)	Longraf Craft Kit	city: Wimberley	State; Zip Code
Amount (\$) Part Part	ee address,	city: Wimberley	State; Zip Code
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8/23/22 Amount (\$) Pa	andidate / Officeholder name	Office sought	Office held
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	Notarize Inc.		
25 02	yee address;	City;	State; Zip Code
25.00			
PURPOSE OF EXPENDITURE	tegory (See Categories listed at the top of this schedule)	Notary f	or Facebook ads
		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.		
	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held

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/Direcholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/Aeverds/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a category	not listed above)
	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	Elaine S. Brown		3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee name		L	
8/26/22	Super Cheap Signs			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
115.00		Austin	TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF	0, 4	1 100		
EXPENDITURE	Printing	SIGN	2	
	(c) Check if pavel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	C	Office held
experiorare to beliefit C/O	п			
Date	Payee name			
9/2/22	C Cl Si			
Amount (\$)	Payee address;	City;	State;	Zip Code
Amount (4)	rayee audiess,	Ony,	otato,	2,5 0000
115,00		Austin	X	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF	D: 11	515	ns	
EXPENDITURE	Printing	31)	112	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	itin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
9/1/22	0. 1/3.1.	7.1		
9/4/22	Paypal Wimberley t	Tide		
Amount (\$)	Payee address;	City;	State;	Zip Code
60		13. 6.1	1	
u U		win Deller	1/1	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		parade	<u></u>	
OF EXPENDITURE	Event Expense	Darade	tee	
	Check if travel outside of Texas. Complete Schedule T.		stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 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: 3 Filer ID (Ethics Commission Filers) 4 Date City; State: Zip Code 78620 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF und raising **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State; Amount (\$) Pavee address: Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F	can Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1	Elaine S. Brown	`	
4 Date 8/4/22	5 Payee name Paypal - Leigh A	tore Pearson	
Amount (\$) 772.05 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sched	,	odia consultant
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedu		TX, officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Carallada / Cinconstati name	Omeo Sough	
9/11/22	Payee name Vistaprint		
Amount (\$) 143,97 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
DUDDOCE	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Advertising	Cards	
	Check if travel outside of Texas. Complete Sched	fule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	ALL CONTROL OF THE CO	
7/25/22	Office Depot		
Amount (\$) 44.92	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	Online	Auska	M
PURPOSE OF	Category (See Categories listed at the top of this sche	dule) Description	^/ -
EXPENDITURE	rinting	printed	types
	Check if travel-dutside of Texas. Complete Sched		n, 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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