

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Elaine

S

Brown

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4002 E Highway 290 Dripping TX 78620  
Springs

☐ Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 960-4477

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jerome

A

Brown

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

4002 E. Hwy 290 Dripping Springs TX 78620

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 649-7778

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

9/29/2022

THROUGH

Month

Day

Year

10/31/2022

11 ELECTION

ELECTION DATE

Month

Day

Year

11/8/2022

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Hays County Court at Law #3

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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Received

OCT 31 2022

Elections Office

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

 FORM JC/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 15 JC/OH NAME           |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 105                                 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 2,304.35                            |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 272.43                              |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3,335.72                            |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 464.68                              |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0                                   |

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 8/19/66.  
 My address is 4002 E. Hwy. 290, Dripping Spgs., TX, 78620, USA  
 (street) (city) (state) (zip code) (country)  
 Executed in Hays County, State of Texas, on the 31 day of October, 20 22.  
 (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                                      | \$ <i>2,199.35</i> |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                 |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                 |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$                 |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>3,063.29</i> |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                 |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                 |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                 |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |

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OCT 31 2022  
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

Received  
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SCHEDULE A(J)1

Elections Office

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:<br>2           |
| 2 FILER NAME<br>Elaine S. Brown                              |  | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br>10/11/22   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>A Better Hays PAC                         | 7 Amount of contribution (\$)<br>1,199.35    |
| 6 Contributor address; City; State; Zip Code<br>TX           |  |  |
| 8 Contributor's principal occupation<br>N/A                  |  | 9 Contributor's job title<br>N/A             |
| 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<br>10/21/22   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Wim Dems                                    | Amount of contribution (\$)<br>500           |
| Contributor address; City; State; Zip Code<br>Wimberley TX   |  |  |
| Contributor's principal occupation<br>N/A                    |  | Contributor's job title<br>N/A               |
| 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<br>10/21/22   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br>Hays County Women's Political Action Caucus | Amount of contribution (\$)<br>300           |
| Contributor address; City; State; Zip Code<br>TX             |  |  |
| Contributor's principal occupation<br>N/A                    |  | Contributor's job title<br>N/A               |
| 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)

Received  
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SCHEDULE A(J)1

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|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.    |   | 1 Total pages Schedule A(J)1:<br><b>2</b>    |
| 2 FILER NAME<br><b>Elaine S. Brown</b>                       |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>10/21/22</b>                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>Sheila Koenig</b> | 7 Amount of contribution (\$)<br><b>100</b>  |
| 6 Contributor address; City; State; Zip Code<br><b>TX</b>    |   |  |
| 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<br><b>10/14/22</b>                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>Sheila Koenig</b> | Amount of contribution (\$)<br><b>100</b> |
| Contributor address; City; State; Zip Code<br><b>TX</b>   |   |   |
| 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  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: | Amount of contribution (\$)               |
| Contributor address; City; State; Zip Code                |   |   |
| 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) |   |   |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Received  
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Elections Office

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: <u>6</u>                   |   | 2 FILER NAME<br><u>Elaine S. Brown</u>                   |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><u>10/22</u>                                |   | 5 Payee name<br><u>Facebook</u>                          |   |                                       |  |
| 6 Amount (\$)<br><u>127.97</u>                        |   | 7 Payee address; City; State; Zip Code                   |   |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                 | (a) Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>  |  | (b) Description   |                                       |  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   |  |   |                                       |  |
| Date<br><u>10/3/22</u>                                |   | Payee name<br><u>Big Frog Custom T-shirt</u>             |   |                                       |  |
| Amount (\$)<br><u>64.95</u>                           |   | Payee address; City; State; Zip Code<br><u>Austin TX</u> |   |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>      |  | Description   |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |   |  |   |                                       |  |
| Date<br><u>10/24/22</u>                               |   | Payee name<br><u>Super Cheap Signs</u>                   |   |                                       |  |
| Amount (\$)<br><u>253.88</u>                          |   | Payee address; City; State; Zip Code<br><u>Austin TX</u> |   |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br><u>Printing Expense</u> |  | Description   |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |   |  |   |                                       |  |
| Candidate / Officeholder name                         |   | Office sought  |   | Office held                           |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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:<br>6                       |  | 2 FILER NAME<br>Elaine S. Brown                   |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>10/6/22                                     |  | 5 Payee name<br>Vistaprint                        |   |                                       |  |
| 6 Amount (\$)<br>126.10                               |  | 7 Payee address; City; State; Zip Code<br>online  |   |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                 | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense |   | (b) Description   |                                       |  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                     |   | Office sought Office held             |  |
| Date<br>10/5/22                                       |  | Payee name<br>Sticker made                        |   |                                       |  |
| Amount (\$)<br>57.24                                  |  | Payee address; City; State; Zip Code<br>online -1 |   |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br>Printing Expense     |   | Description   |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.      |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                     |   | Office sought Office held             |  |
| Date<br>10/5/22                                       |  | Payee name<br>Vistaprint                          |   |                                       |  |
| Amount (\$)<br>105.21                                 |  | Payee address; City; State; Zip Code<br>online    |   |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br>Printing Expense     |   | Description   |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.      |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                     |   | Office sought Office held             |  |

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Elections Office

SCHEDULE F1

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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:<br>6                       |   | 2 FILER NAME<br>Elaine S. Brown                         |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>10/7/22                                     |   | 5 Payee name<br>Texas State University Star             |   |                                       |  |
| 6 Amount (\$)<br>550.00                               |   | 7 Payee address; City; State; Zip Code<br>San Marcos TX |   |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                 | (a) Category (See Categories listed at the top of this schedule)                    |   | (b) Description   |                                       |  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   |   |   |                                       |  |
| Date<br>10/6/22                                       |   | Payee name<br>Party City                                |   |                                       |  |
| Amount (\$)<br>24.88                                  |   | Payee address; City; State; Zip Code                    |   |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br>Event Expense       |   | Description   |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |   |                                       |  |
| Date<br>10/22   |   | Payee name<br>Texas State Garage                        |   |                                       |  |
| Amount (\$)<br>17.00                                  |   | Payee address; City; State; Zip Code<br>San Marcos TX   |   |                                       |  |
| PURPOSE<br>OF<br>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 ONLY if direct expenditure to benefit C/OH   |   |   |   |                                       |  |
| Date  |   | Payee name  |   |                                       |  |
| Amount (\$)   |   | Payee address; City; State; Zip Code                    |   |                                       |  |
| PURPOSE<br>OF<br>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 ONLY if direct expenditure to benefit C/OH   |   |   |   |                                       |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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OCT 31 2022  
Elections Office

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)

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|   |   |   |                 |                                       |  |
|---|---|---|-----------------|---------------------------------------|--|
| 1 Total pages Schedule F1:<br>6                       |   | 2 FILER NAME<br>Elaine S. Brown               |                 | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>10/11/22                                    |   | 5 Payee name<br>Facebook                      |                 |                                       |  |
| 6 Amount (\$)<br>50.00                                |   | 7 Payee address; City; State; Zip Code        |                 |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                 | (a) Category (See Categories listed at the top of this schedule)  |   | (b) Description |                                       |  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                 |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   |   |                 |                                       |  |
| Date<br>10/11/22                                      |   | Candidate / Officeholder name<br>Casa Garcias |                 |                                       |  |
| Amount (\$)<br>70.88                                  |   | Payee address; City; State; Zip Code          |                 |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br>Event Expense   |   | Description     |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |                 |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |                 |                                       |  |
| Date<br>10/11/22                                      |   | Candidate / Officeholder name                 |                 |                                       |  |
| Amount (\$)<br>34.97                                  |   | Payee address; City; State; Zip Code          |                 |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br>Printing Expense  |   | Description     |                                       |  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |                 |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |                 |                                       |  |
| Date  |   | Candidate / Officeholder name                 |                 |                                       |  |
| Amount (\$)   |   | Payee address; City; State; Zip Code          |                 |                                       |  |
| PURPOSE<br>OF<br>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 ONLY if direct expenditure to benefit C/OH   |   |   |                 |                                       |  |
| Date  |   | Candidate / Officeholder name                 |                 |                                       |  |
| Amount (\$)   |   | Payee address; City; State; Zip Code          |                 |                                       |  |
| PURPOSE<br>OF<br>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 ONLY if direct expenditure to benefit C/OH   |   |   |                 |                                       |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Received  
OCT 31 2022

SCHEDULE F1

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Elections Office

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 2 FILER NAME Claine S. Brown 3 Filer ID (Ethics Commission Filers)

4 Date 10/24/22 5 Payee name Party City

6 Amount (\$) 67.84 7 Payee address; City; State; Zip Code Austin TX

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Candy / decor  
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date 10/24/22 Payee name Rolling in Thyme & Dough  
Amount (\$) 72.37 Payee address; City; State; Zip Code Dripping Springs TX

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Event Expense Description Food / beverages  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name  
Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Received  
OCT 31 2022

SCHEDULE F1

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

Elections Office

## 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:<br><b>6</b>                       |   | 2 FILER NAME<br><b>Elaine S. Brown</b>    |   | 3 Filer ID (Ethics Commission Filers) |                 |
| 4 Date<br><b>10/2/22</b>                                     |   | 5 Payee name<br><b>Leigh Anne Pearson</b> |   |                                       |                 |
| 6 Amount (\$)<br><b>750</b>                                  |   | 7 Payee address;<br><b>Kyle</b>           |   | City;<br><b>TX</b>                    | State; Zip Code |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br><b>Consulting</b> |   | (b) Description<br><b>Ad creation / social media</b>                      |                                       |                 |
|  | (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<br><b>10/21/22</b>                                      |   | Payee name<br><b>Rudy Faz</b>             |   |                                       |                 |
| Amount (\$)<br><b>315.00</b>                                 |   | Payee address;<br><b>Austin</b>           |   | City;<br><b>TX</b>                    | State; Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>Contract Labor</b> |   | Description<br><b>sign installation</b>                                   |                                       |                 |
|  | <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<br><b>10/22</b>   |   | Payee name<br><b>La Voz Newspaper</b>     |   |                                       |                 |
| Amount (\$)<br><b>375</b>                                    |   | Payee address;<br><b>TX</b>               |   | City;<br><b>TX</b>                    | State; Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>    |   | Description<br><b>Newspaper ad</b>  |                                       |                 |
|  | <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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