

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filer)	2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">12</div>
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">DRUE E</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">BROWN</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; color: blue;">Received</div> <div style="font-size: 1.5em; color: blue;">T.S.</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;">3143 SAPPHIRE COURT BROWNSVILLE, TX 78521</div>	JAN 21 2019 4:00 PM Office of the Chief Financial Officer
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 497-3109</div>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">DAVID J</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">BROWN</div>	Receipt #	Amount \$
	Date Processed		
	Date Imaged		
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;">3143 SAPPHIRE COURT BROWNSVILLE, TX 78521</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 343-8895</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.2em;">10 / 28 / 2018 THROUGH 1 / 2 / 2019</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11 / 6 / 2018</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	OFFICE HELD (if any) OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">TRUSTEE, BISO BOARD BISO BOARD OF TRUSTEES, PLACE 1 PLACE 1</div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME DRUE ELLEN BROWN

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 300.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 8583.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

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.

Drue Ellen Brown
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Drue Ellen Brown, this the 21st day of Jan, 2019, to certify which, witness my hand and seal of office.

Patricia C Perez
Signature of officer administering oath

Printed name of officer administering oath of office: Patricia C Perez

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>DRUE ELLEN BROWN</i>		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>6550.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2850.00</i>
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>8583.50</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	\$

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

DRUE ELLEN BROWN

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

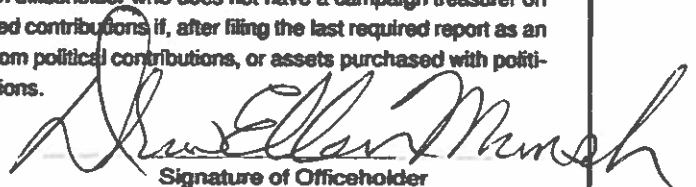
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1

4

2 FILER NAME

DRUE ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

11-1-18

5 Full name of contributor

out-of-state PAC (ID# _____)

ORTHOPAEDIC INSTITUTE OF
RIO GRANDE VALLEY, P.A.

6 Contributor address: City: State: Zip Code

1203 E. ALTINGLOO BLVD.
BROWNSVILLE, TX 78526

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See instructions)

MEDICAL SERVICES

9 Employer (See instructions)

Date

11-2-18

Full name of contributor

out-of-state PAC (ID# _____)

LINEBARGER, GOGGAN BLAIR & SAMPSON, LLP

Contributor address: City: State: Zip Code

P.O. Box 17428 AUSTIN, TX 78760

Amount of contribution (\$)

\$ 1000.00

Principal occupation / Job title (See instructions)

ATTORNEYS

Employer (See instructions)

Date

11-5-18

Full name of contributor

out-of-state PAC (ID# _____)

FERNANDO GOMEZ

Contributor address: City: State: Zip Code

5826 HITCHING POST DRIVE
BROWNSVILLE, TX 78526

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See instructions)

ATTORNEY

Employer (See instructions)

Date

11-5-18

Full name of contributor

out-of-state PAC (ID# _____)

JOSE LUIS AYALA, DPM PA

Contributor address: City: State: Zip Code

5331 WILDERNESS LANE
BROWNSVILLE, TX 78526

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See instructions)

PHYSICIAN

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

DRUE ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

11-5-18

5 Full name of contributor

out-of-state PAC (DR: _____)

HODGE SHERCOLD, LLP

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address:

City: State: Zip Code

1524 E. 6TH STREET, SUITE 105
BROWNSVILLE, TX 77820

8 Principal occupation / Job title (See instructions)

ATTORNEYS

9 Employer (See instructions)

Date

11-7-18

Full name of contributor

out-of-state PAC (DR: _____)

LAW OFFICES OF JUSTITH SADLER, PC

Amount of contribution (\$)

\$ 250.00

Contributor address:

City: State: Zip Code

15320 CLEVEDON LANE
HOUSTON, TX 77040

Principal occupation / Job title (See instructions)

ATTORNEYS

Employer (See instructions)

Date

11-19-18

Full name of contributor

out-of-state PAC (DR: _____)

PEROLE BRANDON FIELDER COWINS & MOTT LLP

Amount of contribution (\$)

\$ 1000.00

Contributor address:

City: State: Zip Code

P.O. Box 2916
MCALLEN, TX 78502

Principal occupation / Job title (See instructions)

ATTORNEYS

Employer (See instructions)

Date

11-25-18

Full name of contributor

out-of-state PAC (DR: _____)

GUERRA & FARAY, PLLC

Amount of contribution (\$)

\$ 1000.00

Contributor address:

City: State: Zip Code

3766 N. 10TH STREET, SUITE 309
MCALLEN, TX 78501

Principal occupation / Job title (See instructions)

ATTORNEYS

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1

4

2 FILER NAME

DRUE ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

12-10-18

5 Full name of contributor

out-of-state PAC (ID# _____)

MICHAEL B. JOLLY

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City: State: Zip Code

12 HICKORY SHAPANS DRIVE
HOUSTON, TX 77055

8 Principal occupation / Job title (See instructions)

ATTORNEY

9 Employer (See instructions)

Date

12-10-18

Full name of contributor

out-of-state PAC (ID# _____)

NORMAN JOLLY, JR.

Amount of contribution (\$)

\$500.00

Contributor address;

City: State: Zip Code

309 TERRACE
HOUSTON, TX 77007

Principal occupation / Job title (See instructions)

ATTORNEY

Employer (See instructions)

Date

12-10-18

Full name of contributor

out-of-state PAC (ID# _____)

ALEJANDRO OR ALMA CORONADO

Amount of contribution (\$)

\$250.00

Contributor address;

City: State: Zip Code

P.O. BOX 4554
BROWNSVILLE, TX 77823

Principal occupation / Job title (See instructions)

REALTOR

Employer (See instructions)

Date

12-10-18

Full name of contributor

out-of-state PAC (ID# _____)

TREPAC / TEXAS ASSOCIATION OF REALTORS
POLITICAL ACTION COMMITTEE

Amount of contribution (\$)

\$100.00

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See instructions)

REALTORS

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

DRUE ELLEN BROWN

3 Filer ID (Ethics Commission Files)

4 Date

12-10-18

5 Full name of contributor

HAMILTON G. RUCKER

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

P.O. Box 542147
HOUSTON, TX 77254

City: State: Zip Code

8 Principal occupation / Job title (See instructions)

ATTORNEY

9 Employer (See instructions)

Date

12-16-18

Full name of contributor

LAW OFFICES OF COLBY LEWIS

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$200.00

Contributor address;

405 MAIN STREET, 2ND FLOOR
HOUSTON, TX 77002

City: State: Zip Code

Principal occupation / Job title (See instructions)

ATTORNEY

Employer (See instructions)

Date

12-17-18

Full name of contributor

BALTARAZ SALAZAR, PLLC

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1000.00

Contributor address;

8814 BRAE ACRES
HOUSTON, TX 77074

City: State: Zip Code

Principal occupation / Job title (See instructions)

ATTORNEY

Employer (See instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

The instruction Guide explains how to complete this form. 1 Total pages Schedule A2: 1

2 FILER NAME DRUE E BROWN 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 2850.00

5 Date <u>11-5-18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JOE SALAZAR</u>	8 Amount of Contribution \$ <u>2850.00</u>	9 In-kind contribution description <u>HERALD NEWSPAPERADS 1/2 ROBO CALL</u>
7 Contributor address; City: State: Zip Code <u>611 E. LOOP 499 HARLINGEN, TX 78550</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>INSURANCE</u>	11 Employer (FOR NON-JUDICIAL) (See Instructions)
---	---

12 Contributor's principal occupation (FOR JUDICIAL)	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	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

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: 3	2 FILER NAME DRUE E BROWN	3 Filer ID (Ethics Commission Filers)
---	-------------------------------------	---------------------------------------

4 Date 10-31-18	5 Payee name PINK APE MEDIA
---------------------------	---------------------------------------

6 Amount (\$) \$1500.00	7 Payee address; City; State; Zip Code 3101 PABLO KISEL, B-4 BROWNSVILLE, TX 78521
-----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES, SOCIAL MEDIA	(b) Description <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 11-2-18	Payee name PINK APE MEDIA
------------------------	-------------------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code 3101 PABLO KISEL, B-4 BROWNSVILLE, TX 78521
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING AND ADVERTISING EXPENSES	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 11-5-18	Payee name SAM'S CLUB
------------------------	---------------------------------

Amount (\$) \$249.90	Payee address; City; State; Zip Code 3570 W. ALTON GLOOR BLVD, BROWNSVILLE, TX 78520
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE FOR ELECTION DAY EVENTS	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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
Gifts/Wards/Memorials Expense
Legal Services

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

Substitution/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: 3	2 FILER NAME DRUE E. BROWN	3 Filer ID (Ethics Commission Filers)
4 Date 11-7-18	5 Payee name TEXAS COUNTRY DINER	
6 Amount (\$) \$551.14	7 Payee address; City; State; Zip Code 1621 RESACA VILLAGE, SUITE 3 BROWNSVILLE, TX 78523	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE-WATCH PARTY	(b) Description <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 11-9-18	Payee name DAVID J BROWN	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code 3143 SAPPHIRE COURT BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	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 11-20-18	Payee name DAVID J. BROWN	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code 3143 SAPPHIRE COURT BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	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
-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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
Gifts/Wards/Memorials Expense
Legal Services

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

Substitution/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: 3	2 FILER NAME DRUE E BROWN	3 Filer ID (Ethics Commission Filers)
4 Date 11-21-18	5 Payee name PINK APE MEDIA	
6 Amount (\$) \$482.00	7 Payee address; City; State; Zip Code 3101 PABLO KISEL, B-4 BROWNSVILLE, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN SIGN CLEANUP, SOCIAL MEDIA	(b) Description <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 11-26-18	Payee name DAVID J BROWN	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code 3143 SAPPHIRE COURT BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	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 12-24-18	Payee name DAVID J BROWN	
Amount (\$) \$2000.00	Payee address; City; State; Zip Code 3143 SAPPHIRE COURT BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FINAL LOAN REPAYMENT	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
-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED