

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> DRUE FIRST MI E, SUFFIX	OFFICE USE ONLY Date Received <b>Received</b> <b>OCT 09 2018</b> <b>3:53 PM</b> <i>SLD</i> Office of the Chief Financial Officer	
	NICKNAME LAST BROWN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 3143 SAPPHIRE CT. BROWNSVILLE TX 78521	Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956) PHONE NUMBER 497-3109 EXTENSION	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> DAVID FIRST MI J, SUFFIX	Date Processed	
	NICKNAME LAST BROWN	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 3145 SAPPHIRE CT. BROWNSVILLE TX 78521		
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) PHONE NUMBER 343-8895 EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 20th 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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 08 / 20 / 2018 THROUGH Month Day Year 10 / 6 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) BISD BOARD OF TRUSTEES, PLACE 1	

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)  
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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 8,416.53
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,516.53
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,849.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,666.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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



Sworn to and subscribed before me, by the said Drue Ellen Brown, this the 9th day of Oct., 20 18, to certify which, witness my hand and seal of office.

*Elvira Perez Limas* ELVIRA Perez Limas Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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		\$ 9,100.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 78.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 10,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 17,819.57
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input 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		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9

2 FILER NAME

DRUE ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

AUG. 16

5 Full name of contributor

DR. TONY KNAPP

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

32 CASA de AMIGOS BROWNSVILLE, TX 78521

8 Principal occupation / Job title (See Instructions)

EDUCATOR

9 Employer (See Instructions)

Date

AUG. 16

Full name of contributor

DR. DONNA MARHOUN

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

168 WINDWARD A. ISABEL, TX

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

Date

SEPT. 5

Full name of contributor

MR. & MRS. ROBERT ZAMORA

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

303 CREEKBEND BROWNSVILLE, TX 78521

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

SEPT. 7

Full name of contributor

MARY JO ADAMS

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$1000

Contributor address;

City; State; Zip Code

P.O. Box 1442 Los Fresnos, TX

Principal occupation / Job title (See Instructions)

EDUCATOR

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:

2 FILER NAME

DRUE ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

SEPT. 12

5 Full name of contributor

JOE SALAZAR

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 1000

6 Contributor address;

6112. LOOP 499 HARLINGEN, TX

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

INSURANCE

9 Employer (See Instructions)

Date

SEPT. 14

Full name of contributor

LINEAR CER, GOGGAN, BLAIR & SCOBIN LLP

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$ 1000

Contributor address;

P.O. Box 17428 AUSTIN, TX 78760

City: State: Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

SEPT. 20

Full name of contributor

ENRIQUE PENA

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$ 500

Contributor address;

335 W. ROBERTSON BROWNSVILLE, TX

City: State: Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

SEPT. 16

Full name of contributor

LETTY ROERIC

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$ 100

Contributor address;

127 SUNSET BROWNSVILLE, TX 78520

City: State: Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

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:

2 FILER NAME

DRUG ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

SEPT. 16

5 Full name of contributor

ROSIE ZAYAS

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

1510 LOS SABACES BROWNSVILLE, TX 78526

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

SEPT. 18

Full name of contributor

DIANNE ISABELL

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

1641 RESACA VIE BROWNSVILLE, TX 78524

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

SEPT. 20

Full name of contributor

ROY REED

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

234 EMERALD BROWNSVILLE, TX 78520

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

SEPT. 21

Full name of contributor

ALMA COLONAPO

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

P.O. Box 4554 BROWNSVILLE, TX 78523

Principal occupation / Job title (See Instructions)

REACTOR

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:
2 FILER NAME <b>DRUE ELLEN BROWN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>SEPT. 24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MANUEL HINOJOSA</b> 6 Contributor address; City; State; Zip Code <b>1846 N. SHORE DR. PT. ISABEL, TX 78578</b>	7 Amount of contribution (\$) <b>\$250</b>
8 Principal occupation / Job title (See Instructions) <b>ARCHITECT</b>		9 Employer (See Instructions)
Date <b>SEPT. 25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RUSTY BRECHOT</b> Contributor address; City; State; Zip Code <b>709 AVENDIAA ESCANDON RANCHO WETO TX</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>BANKER</b>		Employer (See Instructions)
Date <b>SEPT. 25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WAYNE MORE</b> Contributor address; City; State; Zip Code <b>44 THORNHILL BROWNSVILLE, TX 78521</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>SEPT. 25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GLENN CHAMPAION</b> Contributor address; City; State; Zip Code <b>1860 WESTMINSTER BROWNSVILLE, TX 78521</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>REALTOR</b>		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

2 FILER NAME

DRUE ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

SEPT. 26

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

MARY ROSE CARDENAS

7 Amount of contribution (\$)

\$ 100

6 Contributor address:

City: State: Zip Code

1603 E. PRICE BROWNSVILLE, TX 77821

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

SEPT. 26

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

BERTHA JANIS

Amount of contribution (\$)

\$ 200

Contributor address:

City: State: Zip Code

45 HOLY BROWNSVILLE, TX 77820

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

Date

SEPT. 26

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

GARY ORTEGA, PC

Amount of contribution (\$)

\$ 100

Contributor address:

City: State: Zip Code

424 E. JEFFERSON BROWNSVILLE, TX 77820

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

SEPT. 27

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

JIM TIPTON

Amount of contribution (\$)

\$ 1000

Contributor address:

City: State: Zip Code

701 SANTA ANA RANCHO VIENTO, TX 78575

Principal occupation / Job title (See Instructions)

AUTO DEALER

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:

2 FILER NAME  
*DRUE ELLEN BROWN*

3 Filer ID (Ethics Commission Filers)

4 Date  
*SEPT. 26*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*BETH COLLIER PACE*

7 Amount of contribution (\$)

*\$300*

6 Contributor address; City; State; Zip Code  
*317 SANTA ANA RANCHOVERDE, TX 78575*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
*SEPT. 27*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*ZAYAS & ZAMORA, PC*

Amount of contribution (\$)

*\$500*

Contributor address; City; State; Zip Code  
*3100 E. 14TH BROWNSVILLE, TX 78521*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*ATTORNEY*

Date  
*SEPT. 28*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*SAM CUERRERO*

Amount of contribution (\$)

*\$500*

Contributor address; City; State; Zip Code  
*5156 N. EXPRESSWAY BROWNSVILLE, TX 78526*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*INSURANCE*

Date  
*SEPT. 28*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*ELIZABETH NEALLY*

Amount of contribution (\$)

*\$100*

Contributor address; City; State; Zip Code  
*100 NE LOOP 410, #900 SAN ANTONIO, TX 78216*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*ATTORNEY*

**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:

2 FILER NAME

DRUE ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

SEPT. 27

5 Full name of contributor

DR. JOE ZAYAS DC

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$500

6 Contributor address;

555 BOCA CHICA

City: State: Zip Code

BROWNSVILLE, TX 78520

8 Principal occupation / Job title (See Instructions)

DENTIST

9 Employer (See Instructions)

Date

SEPT. 27

Full name of contributor

TOM SARYTCHOFF

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$250

Contributor address;

5176 KENSINGTON BROWNSVILLE, TX 78526

City: State: Zip Code

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Date

SEPT. 27

Full name of contributor

ROBERT GARZA

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

112 LAKESHORE BROWNSVILLE, TX 78521

City: State: Zip Code

Principal occupation / Job title (See Instructions)

JUDGE

Employer (See Instructions)

Date

SEPT. 27

Full name of contributor

RUBEN FENA

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$100

Contributor address;

28213 PALM COURT DR. HARKINS, TX 78552

City: State: Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

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

2 FILER NAME

DRUE ELLEN BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

SEPT. 27

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

BOB CACKLEY

7 Amount of contribution (\$)

\$100

6 Contributor address;

City: State: Zip Code

5092 LAKEWAY BROWNSVILLE, TX 77820

8 Principal occupation / Job title (See Instructions)

FINANCIAL PLANNING

9 Employer (See Instructions)

Date

OCT. 3

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

GILBERT ORTIZ

Amount of contribution (\$)

\$150

Contributor address;

City: State: Zip Code

17 N. TUPELO BROWNSVILLE, TX 77821

Principal occupation / Job title (See Instructions)

INSURANCE

Employer (See Instructions)

Date

SEPT. 20

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

ALMA GARCIA

Amount of contribution (\$)

\$100

Contributor address;

City: State: Zip Code

2405 EL DORADO RANCHO JIKTO, TX 78575

Principal occupation / Job title (See Instructions)

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: <u>1</u>	
2 FILER NAME <u>DRUE ELLEN BROWN</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>SEPT. 27</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JOE BLASI</u>	8 Amount of Contribution \$ <u>\$780</u>	9 In-kind contribution description <u>PAID FOR FUNDRAISER</u>
7 Contributor address; City; State; Zip Code <u>8200 IH-10 WEST 215 SAN ANTONIO, TX 78254</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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# LOANS

# SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

DAVE ELLEN BROWN

3 Filer ID (Ethics Commission Filer)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID# \_\_\_\_\_ )

DAVID J BROWN

9 Loan Amount (\$)

\$14000

6 Is lender a financial institution?  
Y  N

8 Lender address; City; State; Zip Code

3143 SARHRE CT. BROWNSVILLE, TX 78521

10 Interest rate

NA

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

RETIRED

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID# \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

If lender 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: <b>2</b>	2 FILER NAME <b>DRUE ELLEN BROWN</b>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date <b>AUG. 21</b>	5 Payee name <b>PINK APE MEDIA</b>
--------------------------	---------------------------------------

6 Amount (\$) <b>\$5000</b>	7 Payee address; City; State; Zip Code <b>3101 PABLO KISEL, B-4 BROWNSVILLE, TX 77820</b>
--------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>SOCIAL MEDIA, ADVERTISING, PRINTING, SIGN PLACEMENT</b>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>SEPT. 5</b>	Payee name <b>PINK APE MEDIA</b>
------------------------	-------------------------------------

Amount (\$) <b>\$5000</b>	Payee address; City; State; Zip Code <b>3101 PABLO KISEL, B-4 BROWNSVILLE, TX 77820</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING SERVICES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>SEPT. 17</b>	Payee name <b>PINK APE MEDIA</b>
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Amount (\$) <b>\$3157</b>	Payee address; City; State; Zip Code <b>3101 PABLO KISEL, B-4 BROWNSVILLE, TX 77820</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING PUSH CARDS, SIGN PLACEMENT</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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  
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:	2 FILER NAME <i>DRUE ELLEN BROWN</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>SEPT. 27</i>	5 Payee name <i>COBBLEHEADS RESTAURANT</i>
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6 Amount (\$) <i>\$1532.65</i>	7 Payee address; City; State; Zip Code <i>3154 CENTRAL BLVD BROWNSVILLE, TX 78520</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>OCT. 4</i>	Payee name <i>PINK APE MEDIA</i>
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Amount (\$) <i>840.02</i>	Payee address; City; State; Zip Code <i>3101 PABLO KISEL, B-4 BROWNSVILLE, TX 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>MAIL OUT PRINTING</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>OCT. 4</i>	Payee name <i>PINK APE MEDIA</i>
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Amount (\$) <i>3100.00</i>	Payee address; City; State; Zip Code <i>3101 PABLO KISEL, B-4 BROWNSVILLE, TX 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONSULTING SERVICES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED